Exploring the lived experience of women with high-risk drug use in Malta

David Gregor De Bono

University of Malta

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Abstract

This study explores the lived experience of women who have engaged or engage in high-risk drug use in Maltese communities. It explores the journey women partake when they start to use drugs and become drug dependent, exploring victimizing experiences that they contribute to have impacted their addictive trajectories. It investigates how they come to realise and experience that they are drug dependent, how others react to them, and how they negotiate their day to day lives. It goes into what it is like for them to be a woman with high-risk drug use, members of their communities and experience a drug use disorder. It also covers their experiences of treatment and community reintegration efforts. A qualitative research approach was used. Semi-structured interviews were conducted with seven participants. The interviews were analysed using Interpretative Phenomenological Analysis. Three super-ordinate themes emerged: Lost in Space – the experience of early trauma and victimization in childhood and adolescence; From LaLa Land to the Land of Confusion – the experience of the addictive career,from hubris (pride) to nemesis (shame); The Road less Travelled – the experience of desistance, the ability to experience emotions. Reintegration of women with high-risk drug use, indicates a complex path in which feelings of shame, some of which caused by community shaming, could play a barrier to adhere to a social reality from which they have been ostracized and to which, with time, have become estranged. This research has pragmatic value, providing insight into

implications for community action in order to apply more effective policies and service strategies.

Keywords: high-risk drug use, gender, experience, meaning-making, shame

List of Abbreviations

HRDU: High-risk drug use

DSM 5: Diagnostic and Statistical Manual (5th Edition)

ICD 10: International Classification of Diseases (10th Revision)

SAMHSA: Substance Abuse and Mental Health Services Administration

IPA: Interpretative Phenomenological Analysis

CR: Critical Realism

SI: Symbolic Interactionism

PTSD: Post traumatic stress disorder

NA: Narcotics Anonymous

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Chapter 1 - Introduction

Preamble

The lived experience of women with high-risk drug use shows how the effort to refrain from substance use is at times so insignificant, as to be infinitely smaller than that of a tadpole trying to swim against a tsunami. The life course of women`s addictive careers forces us to recognize the hardships of such a harrowing struggle. Most, however, do manage to refrain and live a drug-free life. High-risk drug use (HRDU) is defined by the European Monitoring Centre for Drugs and Drug Addiction as 'injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines' (EMCDDA, 2019). Understanding gender as it relates to HRDU is an important prerequisite for developing essential policies and efficient community action, with gender mainstreaming gaining relevance in the EU's drug action strategy (EMCDDA, 2019). Women experience different addictive career trajectories to men, encountering and facing different contingencies and vulnerabilities, and end up facing distinct treatment and reintegration challenges (Scicluna & Clark, 2019; Clark, 2015). The phenomenon of HRDU is hard to research, making it even harder for professionals to intervene in gender-related drug issues. Exploring and understanding their *lived experiences* adds value to what we already know about gender and addiction, providing further insight into implications for community development.

Conceptual framework

I draw on a number of theoretical frameworks to explore the phenomenon of gendered HRDU, most notably: phenomenology, hermeneutics and symbolic interactionism, the threefold guise from which interpretivism emerged. Although they come from different philosophical roots, ţhey can all throw light on the experience of addiction amongst women, together with feminism. Clark`s (2011) career framework of addiction, informed by symbolic interactionism, lends itself well to examine addictive behaviour across its lifespan.

Symbolic interactionism, phenomenology, and hermeneutics

The basic premise of *symbolic interactionism* states that people are the product of those symbols born within social interactions, and the self is to be seen as a social construct. Human behaviour is not predetermined but is constructed through a series of interactive practices (Burr, 2015). It is not only caused by internal forces such as instincts, desires and needs (and biology in the case of addiction - genetics and neuroadaptation) or by external (social/environment) forces, but from something that is midway between these two forces, that is, a conscious and socially derived interpretation of both internal and external stimuli (Lemert, 1951).

Husserl's transcendental *phenomenology* looks at phenomena as being presented to us in a phenomenological reflection, meaning that they are always inextricably associated with our own point of view (Langdridge, 2018). Thus subjectivity becomes its starting point, and it is in this subjectivity that phenomenology tries to extract the essence of experiences. Phenomenology, as a research approach, explores the phenomenon, that is, the manifestation of consciousness, in a rigorous way, and reduces it to its abstract form, in order to capture its essence, that is, what the object/phenomenon is in itself. Husserl's hermeneutics is above all an analysis of existence, and

of its ontological fundamental structures that draws upon the `being` and its understanding within context, as `being in context` (Langdridge, 2018).

Merleau-Ponty and Heidegger move away from a transcendental point of view towards a hermeneutic/existential one. Heidegger assigns to *hermeneutics* a totally original and unique reflection of meaning-making, defining it as the analysis of existence, a phenomenology of existential understanding. Heidegger thinks that personhood lies in relatedness, whereas Merleau-Ponty believes that it is embodied too, shaping poor perceptions of ourselves, the others and the world (Langdridge, 2018).

Meaning-making and interactionism`s career approach

One of the most interesting contributions to the heuristic perspective of symbolic interactionism was Goffman's (1961) and Becker's (1963) *career approach* to deviant lifestyles, seen as an extension of the occupational career concept. It specifically proposed a sequential model instead of the traditional linear model of deviant behaviour. The way individuals interpret their own experience at each stage of the process is significant because it could determine between deviant and non-deviant trajectories (Clark, 2011; Blumstein & Cohen, 1987). Thus, deviant behaviour develops, proceeds, and transforms through a sequence of events, and the meaning-making of those particular events over a span of time. It follows that, the development of the concept of career (Becker, 1963) requires primarily some sort of motivation and/or desiretowards deviant interests. The *meaning-making* of the social interactions of those experiences might eventually aid in shaping addictive trajectories.

An interactionist and feminist approach to gendered high-risk drug use

Symbolic interaction theory and feminism are useful to those seeking to understand gender, because sociologists point out that gender is a social construct that helps categorize

social reality (Connell & Pearse, 2017). Gender is therefore not just a biological fate or an ascribed identity. Gender is a social construct, a performative act, which is spatially and temporally bound, continually created and renegotiated through the interactions, roles, practices,and discourses of everyday life (Macht, 2019). Thus, being male or female is the result of *doinggender*, and its being and becoming is always constructed, shaped and forced by a gender order with which society models every individual's behaviour (Macht, 2019; West & Zimmerman, 1987). The way people think and feel impacts their identity and addictive career trajectories (Goffman, 1961).

Engaging in HRDU is incompatible with hegemonic femininity, structurally based on the roles of mother and family caregiver (Connell & Pearse, 2017). Different family patterns and the public role of women have only partially changed social expectations of the female role. The ideal of femininity has a protective function prior to drug use, but can have a harmful function after onset, rapidly escalating it to drug dependency (Miller & Lorber, 1995). Some mothers, because of the shame incurred by the conflict between their caring role and the addict identity, find it harder to desist and ask for help (Greenfield, et al., 2007).

Dominant stereotypes of femininity and women's assimilation to their maternal and caring role have resulted in different social constructions of women's drug use. Women 'doubly deviate' (Heidensohn, 1989; 102), in that they transgress, not only against those legal rules and social norms that establish illegal or moral sanctions of drug abuse, but they also transgress against the rules of what a good woman should be. They are socially perceived as a deep threat toall social order and family stability (Lloyd, 1995). Thus, women suffer what is called 'double stigma' (Goffman, 1961), and social exclusion of women with HRDU becomes harder to overcome. Deviant behaviour consequently becomes a defensive tool to tackle the problems

posed by community reaction. Drug dependency may open the door to sexual promiscuity and/or prostitution trajectories (Scicluna & Clark, 2019). Victimization has been proven through research to be an important contingency in female addictive career trajectories, more so than men`s (Scicluna & Clark, 2019; Cook, 2015; Morojele & Brook, 2006).

In the Maltese culture, women's roles, both professionally and in the family, are assimilated to the care of others, as a child bearer, as an educator, as a teacher, as a mother, and as a wife. Therefore, there is a greater tendency to pathologize non-compliant behaviour, such as those related to drug use. Mediterranean communities are still considered to be imbued with codes of honour and shame (Clark, 2007; Davis, 1977), and when women break cultural norms, they are shamed and stigmatized by the community. Gossip could further victimize women, spiraling them further into an addictive career (Clark, 2007).

Methodological Approach

With its roots in phenomenology and hermeneutics, an Interpretative Phenomenological Analysis (IPA; Smith et al., 2012) approach will be adopted, an idiographic method of inquiry that allows a deep analysis of the interview transcripts (Smith, 2004). IPA is guided, not by the naïve belief of some direct access to the experience, but by a consistent interpretative approach based on the subjective report of the participant`s experience (Flowers et al., 1999). Thus, IPA as a methodology is, interpretative in its hermeneutic endeavor; phenomenological in its focus on the being and on experience; and its analysis is an interpretative activity to make sense of the data (Smith, 2012).

Rationale and Research questions

Reintegration of women with HRDU, indicates a complex path in which feelings of shame, some of which caused by community shaming, could play a barrier to adhere to a social reality from which they have been ostracized and to which, with time, have become estranged. This research will hopefully aid in understanding the complexities of women with HRDU, in order to apply more effective policies and service strategies. Thus, this study has pragmatic value, providing insight into implications for community practice when working therapeutically with them. This ideographic study advances a number of research questions. Firstly, it looks at the experience women have before and when they start to use drugs, and the meanings they attribute to that experience. It then investigates how they come to realize that they are drug dependent, how others react to them, and how they negotiate their day to day lives. It explores what it is like for them to be a woman with drug dependency, to be members of their communities and simultaneously manage a drug use disorder. It also covers their experiences of treatment and community reintegration efforts.

Conclusion

The following chapter will review any relevant literature with regards to the phenomenon of addiction and its gendered dimension. IPA will be presented in the third chapter, a methodological approach which is suitable to explore and provide insight into this phenomenon. The fourth and fifth chapters will present and discuss research data, followed by the main research findings in the last chapter. Limitations of the study will be indicated, together with future research recommendations.

Chapter 2 - Literature Review

Introduction

The aim of the review is to contextualize the research within existing knowledge. The complex nature of the field of addiction is briefly sketched. The main debates in the field, together with the main empirical studies that have been conducted in the field are reviewed. Finally, the main goal of the review is to locate gaps in the field, thereby creating a warrant for the study in question.

Multiple realities of Addiction

High-risk drug use (HRDU) is defined as "recurrent drug use that is causing actual harms (negative consequences) to the person (including dependence, but also other health, psychological or social problems), or is placing the person at a high probability/risk of suffering such harms" (EMCDDA, 2019; p.3). The concept of addiction has changed and developed historically. According to Levine (1978), the perception of intoxication and habitual drunkennessof the 18th century had eventually transformed into the construct of addiction as a disease. He links this to the emergence of the industrial revolution, and to the advent of liberalism and liberalgovernments in the nineteenth century. It is a metamorphosis in social thought, rather than a change in medical theory (Levine, 1978).

A liberal social order should above all rely on an individual`s self-control. Thus, an opium eater or an alcoholic who lacked control disrupted the mechanisms and functions of a liberal and industrialized society and, above all, did not respond to the new established characteristics of human nature (Levine, 1978); they are suffering from a disease that has compromised their

ability to make rational and free choices, and therefore they are `sick`, suffering from a peculiar `liberal` disease (O'Malley, 2004). This evolved into the *disease concept* of Jellinek's (1960) classic work on alcoholism.

NIDA (2014) describes addiction as a 'chronic, relapsing brain disease', whose main feature is the compulsive use of a substance, and/or the repetition of specific behaviours, as in the case of gambling, despite its negative consequences. This idea is reflected widely in the diagnostic criteria of ICD-10 and the Diagnostic and Statistical Manual (5th ed.; DSM-5), the two main tools for psychiatric diagnoses. The success of the biomedical model is maybe due to, either a tendency to give biological explanations of behaviour (even when these explanations have theoretical inconsistencies or evident empirical gaps), or to the fact that it seems to resolve an anomaly which is specific to people`s addictive behaviour (Cloud & Granfield, 2008; Peele, 2000). People with HRDU continue to repeat the irresponsible behaviour despite the fact that it involves a series of harmful effects.

This can be seen as *akrasia,* an ancient philosophical concept referring to weakness of will and/or acting against one's better judgment (Heather & Negal, 2017), one of the most intriguing issues of human thought. Dependent subjects seem to so act as if against their own interest, in stark contradiction with the principle of rationality, that is, the driving force of normalhuman behaviour. This weakness of will (akrasia) or perceived lack of control and inability to reach one`s own goals can lead to what Flanagan (2013) calls the shame of addiction.

Most certainly, the process of drug dependency generates dysfunctional neurobiological mechanisms up to a point that might incur a disease-like stage, in which the actor's self-control is diminished and impacts their self-efficacy (Lewis, 2015). The insatiable need for substances might have residing antecedents of trauma or genetic vulnerability, or issues of a social,

psychological and/or developmental nature (Lewis, 2015). The biomedical concept of addiction gives an account and pretext for this apparent irrationality of dependent subjects. Those suffering from this condition are not capable to be in control of their behaviour with respect to the drug of choice, and will act compulsively, due to a disease of the brain that abolishes its decision-making (Snoek & Matthews, 2017). The absence of this ability would stake out any kind of voluntary behaviour, and consequently any rationality attributed to voluntary choice. In this way the recurrence of HRDU persists, despite its negative consequences (Snoek & Matthews, 2017; Bell et al., 2013). If these people were able to inhibit such behaviour they probably would, but they cannot, because of a behavioural and cognitive control pathology (Martin-Morris et al., 2012).

Nonetheless, numerous studies have shown the presence and persistence of the actors` ability to modulate and modify addictive behaviour. There seems to be a volitional aspect that merges with the biology and psychology of addiction (Caspi et al., 1993), a phenomenon which "is also fundamentally social in its etiology and in its very character" (Faupel, 1991: p.173). Motivation and choice theory views irrational behaviour and perceived lack of control in addiction, as motivated behaviour in response to the options within the context (Pickard, 2018); addiction as the result of choosing what is most rewarding at the moment at the expense of long-term gains (Heyman, 2009). Only when the balance between costs and benefits is tipped that people consider stopping (or diminish) the use of drugs. Some subjects regulate consumption depending on the price of the substance (Bickel et al., 2010; Xu & Chalupka, 2011; Österberg, 2011), while others choose to abstain in order to reduce tolerance by reducing doses and saving money (Ainslie, 2000). The classic studies of Lee Robins (1974) and its follow-ups, on the American Veterans of the war in Vietnam, showed how psychoactive substance abuse is strongly determined by the environment in which it develops, and the same applies when desisting from

substances (Hall et al., 2015). People can either stop substances even without treatment (Husak, 2013; Satel et al., 2013; Heyman, 2009), return back to a controlled use of substances (Rosenberg & Melville, 2005; Cloud & Granfield, 2001), or substitute a substance with anotherto reduce harm: from heroin to cannabis (Reiman, 2009). We can therefore see how puzzled andnebulous the concept of addiction is, making the phenomenon harder to research.

An interpretivist approach to addiction

Symbolic interactionism, hermeneutics and phenomenology share common features. Common to these approaches of human behaviour is the consideration that what is considered normal and true, is only the social construction of reality (Berger & Luckmann, 1966), through the symbolic (inter)action by which man transforms his environment (Mead 1934). The concepts of self, identity and being are key to this study which explores the subjective experience of women with HRDU. Two important aspects of identity, gender and addiction, often considered strictly in biomedical and essential terms, are instead conceived by symbolic interactionists and phenomenologists, as the product of human interaction, and the meaning-making of experience during an addictive career (Larkin, & Griffiths, 2002; Goffman, 1963), what phenomenologists call `being in context`. In short, the individual behaves like a community in miniature (Plummer, 2016). Phenomenology and hermeneutics will be further elaborated in Chapter 3.

A career approach to addiction

This study will explore the phenomenon of substance abuse from a career approach, which is influenced by the symbolic interactionist theory. According to this perspective, the interaction between individuals is based on autonomous actions, in accordance to the subjective meaning and symbols that actors attribute to the interactions with people, institutions, and

objects. Blumer (1969), believed that society was created by individuals` rules and roles constructed through the process of social interactions within the community. It follows that social reality exists only within the context of human experience, and this experience is central to phenomenology. Hence, individual actors adjust their behaviour based on the meaning attributed to the objects and symbols, continuously developing and progressing through time.

Informed by symbolic interactionism, the career approach is conceptualized as a person`s interpretation of the subjective experiential progression throughout her life course. Becker's (1963) thesis on his famous research on marijuana users is a model of analysis that allows different aspects of addiction to emerge, highlighting the changes that occur over time in a sequential and processual procedure. According to Becker (1963), a useful concept for this model is the career approach. Career contingencies are *interpreted* (emphasis added) by the actorin view of their past and future and in terms of identity. Firstly, the meaning-making each actor attributes to any lived experience, affects the way she acts and interacts with others in relation tothe interpretation given to the `other`, adapting it accordingly. The way a woman interprets her experience with drug use, alone and with others, will impact the trajectory taken. Secondly, language serves as a tool to help identify and negotiate the meaning-making process using symbols (Blumer, 1969). Discourse surrounding peer drug use and eventual treatment agencies, affects addictive/desistance career trajectories. Lastly, through self-reflection, a mental discourseor dialogue, the actor modifies the interpretation of the symbols, by either taking a role or imagining different points of view (Blumer, 1969).

When studying addictive careers, it is possible to pinpoint the different phases and turning points within the career. Childhood traumas and developmental experiences, from an interactionist perspective, could *influence* turning points of addictive career trajectories (Laub &

Sampson, 1993), rather than, from a psychological stance, *determine* them (Bandura, 1982). Within this perspective, each phase requires a significant experiential event, which happens during any stage of the sequence, along a path with a number of gateways that could take in any direction (Clark, 2006; Faupel, 1991; Goffman, 1963).

In other words, the onset of an addictive career, and its subsequent maintenance, is the result of a complex succession of psychological and social experiences (Elder et al., 2002). The woman interprets and attributes certain meanings to specific behaviours, and to certain physiological sensations. She figures out some form of utility for these contingencies, through a cost-benefit analysis of what is considered as desirable (Lewis, 2015). There are times in which a woman's drug use escalates, and other times in which she leads a drug-free conventional life. No trajectory is written in stone. Based on the career model of addiction (Clark, 2011), four distinct stages mark each addictive trajectory, namely its Onset, Escalation, Maintenance and Desistance, the latter being a period in which the actor either totally abstains from the drug or reduces the harm.

The career concept represents two fundamental aspects, that is, the ability of people to reflect on both the personal and public spheres of their self (Goffman, 1961). The personal aspect is related to those internal subjective mechanisms, on how women feel and perceive themselves. The public aspect concerns her role and position through the relations and interactions within the community, and how she perceives the community, as either appraising or disapproving of her presented self (Lee et al., 2001; Goffman, 1961). Such a concept allows both participant and researcher to switch from the personal to the public, and vice versa, focusing on the *interpretation* (hermeneutics) given to that process of interaction within the addictive career. Thepublic domain, the *being in context* in phenomenological terms, is particularly relevant for

women with HRDU, because it impacts on one`s self-image and position within the community, especially within the Maltese context, regarded as a tight-knit community (Clark, 2012).

Female Addictive Trajectories

Historically, the issue of addiction has been tackled from a *gender blind* perspective (Sydney, 2005). Women with HRDU usually fade into a blurred background, and this prevents from capturing those factors that oppress women. Their stories are just flattened out and/or added to those of men (Palmer et al., 2015). Biological differences between men and women certainly affect addictive trajectories in different manners. Gender is the result of a social construct, that it is constantly created through the interaction between individuals, and that it even constitutes the fabric and the order of social life itself (Burr, 2015). Gender is taken for granted, naturalized within the pervasiveness of social interactions of everyday life (Miller &Lorber, 1995).

Feminism plays a huge role in understanding female addiction. The twin-problem of agency and domination is a continuous recurring struggle within feminist theory (Mader, 2016). Feminist epistemic perspectives of addiction continuously juggle between the patriarchal concepts of domination and victimization of radical feminism, to liberal feminism`s agency and free will (Mader, 2016). The first sociological studies about gender theory and women's drug issues started to appear in the 1980's. Rosenbaum's ethnographic studies in 1981 (Rosenbaum, 1998), followed by a study on females with high-risk heroin use (Taylor, 1992), and on females with high-risk crack use (Inciardi, 1995), can be considered early examples of sociological research totally centered on the analysis of female addictive careers.

This research aims to lay further foundations for a reflection on the specificity of female addictive careers, especially within a Maltese community, and systematically build on previous

research about this phenomenon (Scicluna & Clark, 2019; Clark, 2010; Clark, 2007). Theory, practice and policy have so far been largely focused on male addictive careers. Research has shown us that there are gender differences in addictive career trajectories, and this stimulates a critical reflection that might be useful for the reorientation of policies and community services for female addictions. This gendered phenomenon is rendered more difficult because of the social expectations that have traditionally affected women's role as family caregivers (Scicluna & Clark, 2019).

Research and treatment of addictions, especially in the national context, is applied according to a male counterpart, mingling both men and women, without either analyzing the links between gender and HRDU, or considering the impact of the socio-cultural constructions of femininity and masculinity. Gender roles may have different impacts on the genesis and evolution of addictive careers in people's lives (Nelson-Zlupko et al., 1995). There seems to be an implicit assumption, that any knowledge gained on how the phenomenon manifests itself and evolves in men, can be eventually generalized to women, without any distinction (Sydney, 2005).

The numerical inferiority of women consuming drugs and/or looking for help can be considered one of the reasons why theoretical reflection and clinical intervention has been limited to studying male samples. Although the gender gap is gradually but slowly narrowing, the male component continues having a clear numerical superiority than the female component, agap that occurs equally in all parts of Europe (EMCDDA, 2019). In the Maltese context, this gender gap is much more staggering. Women with HRDU seeking treatment constituted merely 18% (OlivariD'Emanuele et al., 2015). This male numerical majority has therefore defined scientific relevance and treatment approaches, characterizing women as subordinate subjects, included within a male structural model of interpretation (Ardener, 2006). Drug use, first

interpreted as uncomfortable, then as a deviance, and now as a disease, is thus strictly masculine, and this has etched on the formulation of theories that have been allocated by extension, to both sexes (Keane & Horner, 2000).

Career stages of women with high-risk drug use

Initiation to drugs differs between genders. The first studies showed that female addictive careers commence later than male's onset (Brady & Randal, 1999), due to further family surveillance experienced by females (Van Etten & Anthony, 2001). However, later studies showed that women start much earlier than their male counterparts, due to interaction with elder peers (Liquori O'Neil & Lucas, 2013). Men are usually introduced to the substance by someone from their peer group, whereas women are influenced by male peers (Griffin et al., 1989), and/orby their partner, boyfriend, or spouse. Females justify their behaviour differently from men, and have a tendency to experiment more than men with various drugs (Liquori O'Neil & Lucas, 2013).

The first phase refers to a curious and experimental peer related drug use. This stage is filtered through the biopsychosocial experiences that impact the onset of an addictive career. These experiences involve contingencies such as childhood victimizing antecedents, in the form of domestic violence, abandonment, neglect and sexual abuse (El-Bassel et al., 2005), and childhood maltreatment, parental deprivation, conflicting relationships, and/or psycho- pathological disorders (Clark, 2006). In this phase drugs might be seen as self-medication to these crisis contingencies (Hser et al., 1987). Mental health issues have been linked with women`s problematic substance use, particularly depression, anxiety, PTSD, and eating disorders(Becker & Duffy, 2002).

The second stage is a very risky phase, and a real challenge in which historical antecedents are filtered through the current crisis, resulting in a possible deviant outcome. Often,however, this process tends to remain flexible and open to flirtatious using or new healthy careers and interests (Clark, 2011). Others however, develop an increased attraction to deviant interactions, which, together with community shaming, makes it more likely for her to increase her drug use and maintain a tormented and very long addictive career (Vanyukov et al., 2003).

Females, with respect to males, are more vulnerable to this stage in the process, experiencing an intense crisis, which accelerates drug use. 'Telescoping' is a phenomenon common to female drug use, and describes the passage from simple drug use to HRDU as being more accelerated in women than in men, maybe due to physiological gender differences (Scicluna & Clark, 2019; Greenfield et al., 2010). The speed of escalation in the use of drugs is higher in women for alcohol, opiates and cocaine (Becker & Hu, 2008). It is proposed that women could be more vulnerable to certain drugs and their addictive properties (Haas & Peters,2000), leading to further drug-related health issues (Becker & Hu, 2008) and treatment-seeking (Johnson et al., 2005).

A woman`s body, mind and relationships are all affected by her erratic behaviour, which cannot be concealed for long, causing a reduction in functionality and a visible impairment in social, recreational and community contexts (Vanyukov et al., 2003). An escalation of drug use brings with it a constant preoccupation for the craved drug. It will be less likely to take other alternative paths that lead away from an addictive career (Clark, 2011). Life becomes centered on the procuring and using of the drug, and new interpretations are constructed favouring and justifying further drug use (Becker, 1963), the third phase of drug maintenance.

An addict identity is born through a series of biopsychosocial events that impact the lived experiences of women who are using drugs, especially through the process of labeling (Lemert, 1951). Whether they are ready to move into or out of an addictive career might depend on the interpretation given to those interactions that happen within this stage. The interactions with other drug consumers can either reinforce or change their experience of drug use (Becker, 1963).The group represents that environment in which the subject reconsiders both her identity and her relationship with drugs. The time and the conditions under which this occurs are particularly important because it is precisely at these turning points, in which a simple experimentation of drug use can escalate to HRDU (Clark, 2011).

The fourth and last stage of the addictive career is called desistance. Various factors of health - psychological, emotional, and relational, together with legal issues, could lead a woman to either halt drug use, or to go back to a controlled and significant reduction of her drug use (Clark, 2011), indicating a processual and fluctuating stage, rather than a certain drug free life (Maruna, 2017; McNeill et al., 2012; Laub& Sampson, 2003). When seeking help, women have worse physical issues than men, and perceive higher psychosocial costs (Allen, 1994). This couldbe a factor for seeking less treatment then males (Greenfield et al., 2010). Internal barriers to seeking treatment include shame, denial and guilt, whilst economic issues, parental relationships and responsibilities are those external barriers that make it less likely for women to seek treatment (Chavkin et al., 1993). There are various theories that explain desistance. Just like the stages in an addictive career, Bottoms and colleagues (2004) conceptualize desistance as occurring in various stages, in which the actor can trace or retrace her own actions, and a significant role is played by gender difference (Neale et al., 2014).

Primary desistance is conceived as a phase in which the actor stops using drugs for a brief period of time. At this point any rhetoric used by people within her support group can have great consequences on the trajectory taken (White, 2007; Giordano, 2013). This stage does not translate into an everlasting cessation of HRDU, but can include phases of re-using (McNeill et al., 2012). Marriage and pregnancy are life-changing events that favour more women than men into desisting (Giordano, 2013; Graham & Bowling, 1995). Following this crucial stage, the actor enters secondary desistance, in which she de-identifies herself from the addict role to maintain a new non-addict identity which minimizes HRDU (McNeill et al., 2012). This new identity will be negotiated and renegotiated through social interactions, community reactions, and on how one perceives oneself within the community (Farrall & Calverley, 2006). To resist stigmatizing discourse, mothers with HRDU have adopted redemption scripts of moral agency toconstruct a new identity (Stone, 2015). A new drug free identity sheds off any residual shame, thanks to the material and moral support of a re-integrative community (Maruna, 2017; Rumgay, 2004). This is the reversal of the secondary deviance concept of Lemert (1951) in which formal and informal community reactions degrade the status to that of a deviant role.

McNeil (2016) identifies the next and, last phase, as tertiary desistance in which the acquired identity solidifies through “the recognition by others that one has changed and the development of a sense of belonging” (Nugent & Schinkel, 2016; p.570). Reintegration within the community is aided through social capital, in the form of healthy loving relationships, family support and community roles that maintain a sense of belonging to the community (McNeil, 2016; Green & Rodgers, 2001; Laub & Sampson, 2001).

Victimization of women with high-risk drug use

The latest research with regards to victimization of women with HRDU by the European programme Daphne (UNODC, 2019), shows that the percentage of women with HRDU, who are victims of violence and abuse, is much higher compared to samples of women who are not drug addicts. Although there is no clear evidence of a causal correlation, recent studies show that women with HRDU are more likely than men to have experienced psychological, physical and/orsexual abuse (UNODC, 2019; Cohen & Hien, 2006; Logan et al., 2002).

The issue is further complicated by the dual taboo that characterizes HRDU and gender-based violence. They both involve a social condemnation, made up of community shaming and prejudices, which become difficult to overcome (Kezelman & Stavropoulos, 2012; Clark, 2012). The reputation, the style of clothing, attending places that are considered unsafe, `*dirty*`, `whore` and `junkie`, are but a few of the most common labels, that put women solely responsible for their own safety (Bindel, 2017).

There exists a distinction between the good and the bad victim (Ekman, 2014). So, on the one hand, violence against women is seen as victimization of the female body. Identities are thus defined as `good` victims because they are part of a dominant social order and have normalized roles (Bindel, 2017). On the other hand, we find criminalized female bodies, confirming the power of mobilization that evokes further stigmatization with victimizing consequences. The criminalization of deviant conduct, together with a stigmatizing perception of women with HRDU, labels the woman as a `bad` victim (Bindel, 2017; Ekman, 2014). Most women end up prostituting themselves to maintain their habit. Radical feminists argue that in the vast majority of cases, prostitution is not a conscious and calculated choice, but is a result of *gender entrapment*, rather than *gender liberation* (Chesney-Lind & Faith, 2000). They argue, that most

women who become prostitutes, do so because, they are either forced by a pimp, a partner, or through human trafficking (Matthews, 2008; Porcerelli et al., 2003).

When the decision is seen as being agentic, it is generally the result of either extreme poverty, the lack of opportunities, or serious underlying problems, such as unresolved trauma (early victimization like sexual abuse), addiction, and other unfortunate circumstances, which lead to further victimization (Matthews, 2014; Farley, 2003; 2004). This radical feminist perspective views gender-based violence as female vulnerability due to patriarchal power relations (Matthews, 2008; 2014; Dworkin, 1993; Dobash & Dobash, 1979). Numerous studies show a strong correlation between early childhood victimization and the transition into drug use,and its subsequent career trajectory, with a strong correlation between HRDU and sexual abuse (Briere & Jordan, 2004; Logan et al., 2002).

The shame of women with high-risk drug use within a community

The complex emotion of shame has been frequently linked to the phenomenon of addiction (Clark, 2012; Dearing et al., 2005). Shame is a social emotion whose extreme manifestation can have a significant impact on a person's well-being and sense of self. Shame is associated to the fear of evoking or eliciting negative ratings in other's scrutiny of the self. During interpersonal comparison, the shamed self is usually considered as inferior and the perception of oneself is seen as belonging to a low social rank (Lewis, 1992). The negative aspect of this emotion is activated when individuals consider themselves as flawed, ugly or inferior, favouring low self-esteem and a sense of inferiority and powerlessness (Lewis, 1992), and in the case of addicted mothers as being bad caregivers.

People who feel shame seem more concerned with self-evaluation by others, as these might procure a negative self-evaluation, a `bad` self with feelings of inferiority, inadequacy, and unworthiness (Tangney & Dearing, 2002).The purpose of shame is to protect the image of the self that one would want to show to others, but when this image is compromised, a conflict occurs between the ideal self and the real self (Gilbert & Andrews, 1998), thus people start lying to themselves, and to others.

A process of denial and lying kicks in. Lying to oneself is prototypical of denial and/or of hiding something (Sartre, Richmond, & Moran, 2018). In the case of women with HRDU, this kind of lying underlies the hidden shame of addiction (Clark, 2007), a double-bind emotion that includes a lack of self-control and a lack of self-efficacy in achieving one`s own goals (Flanagan, 2013), fracturing and fragmenting the self of the woman, causing a feeling of helplessness. The symbolic nature of identity can also be described as the relationship between community inter-subjectivity and self-control. When a woman with drug dependency perceives low and/or lack of self-control with regards to her behaviour, she tends to feel low self-esteem and low self-efficacy (Orford, 2001; Bandura, 1982).

Cultural expectations and stigma within the Maltese community can initiate and maintain the experience of shame, in circumstances in which a woman with HRDU fails to conform accordingly, accentuated by further gossip (Clark, 2011; 2007). Degradation ceremonies can be defined as the discourse, which is articulated around a public denunciation, that aims to transform and attribute a lower rank, to an individual`s social identity (Durkheim, 1958; Garfinkel, 1956).

High-risk drug use gender-responsive treatment

Secondary victimization is a condition of continuous suffering and further outrage experienced by the victim, through an attitude of insufficient attention, or negligence, on the part of formal control agencies and community practices (Beste, 2017). It usually manifests itself during the treatment stage, eventually generating more negative psychological consequences for HRDU female victims (Davies, 2011; Davies et al., 1996). A one-size-fits-all approach is applied to the treatment of female victimizing experiences. Many female victims experience secondary victimization due to an inadequate planning of support and an inability to listen to their victimization experiences by the judiciary system and the social services, because of the inability to perceive and comprehend the devastating effects of gender-based victimization (Beste, 2017; Martin & Aston, 2014; Walters, 2014).

Conclusion

In this chapter I have presented the conceptual framework of symbolic interactionism, together with research studies on women with HRDU. Following this I have considered female addictive trajectories, through the lens of a career approach, mainly focusing on the onset, escalation, maintenance, and desistance. Feminism placed the phenomenon within the framework of the socio-cultural constructions of masculinity and femininity. Subsequently I havefocused on victimization, shame, and community stigmatization. The next chapter will inform how the use of an IPA approach will try to explore female addictive trajectories. Phenomenology and hermeneutics will aid to unearth any specificities of the female universe, especially with reference to their experiences with HRDU, to what they feel, the meaning they attribute to their experiences, and how these experiences are negotiated.

Chapter 3 - Methodology

Introduction

This chapter addresses the methodology adopted in exploring the lived experience of women who engage in HRDU within the Maltese context. My ontological and epistemological positions will be presented to highlight the rationale for choosing Interpretative Phenomenological Analysis (IPA; Smith et al., 2009). IPA`s philosophical underpinnings of phenomenology, hermeneutics and ideography will be outlined. The research procedure will then follow with, namely, participant selection, and the methods for data collection and analysis. A section will be dedicated to reflection. In conclusion, relevant ethical aspects, and appropriate procedures used during the research process, will be discussed.

Research Approach and Rationale

This research adopts a critical realist ontology to the phenomenon of addiction, implying multiple layers of reality. While IPA as a methodology focuses on meanings and the interpretation of them, a critical realist ontology also acknowledges that level of reality that exists independent of interpretation. Differences in the biological make up of men and women impact on the addictive career irrespective of the interpretation of them. Therefore, this research acknowledges the biopsychosocial forces at play within the phenomenon of addiction that are then interpreted by social actors. There are differences between men and women that might contribute, together with meaning-making, to various degrees of variability in addictive trajectories.

A substantial amount of studies have delved into the issue of gendered drug use, finding different problematic specificities amongst women that seem to be more complex to those of men. Therefore, the need arises to reorient therapeutic and community services according to these gendered needs. The overall picture that emerges from scientific evidence shows the particularities that belong only to female addictive trajectories (Clark, 2015). However, the data available is somewhat contradictory, and does not allow one either to attribute and/or infer these results to the etiological factors specific to female drug addiction, or as aggravating contingencies. This research will throw light on these issues.

Rationale for adopting a qualitative methodology

Qualitative research studies phenomena in their natural contexts, trying to give them a sense, or interpret them through the meanings that people give to them (Denzin & Lincoln, 1994). In contrast to positivism, which defines reality on the basis of objective observations, the epistemology of qualitative methodology is constructivist/interpretivist in its approach, in that knowledge is bound by lived experience, which is historically and culturally determined (Creswell, 2007). Qualitative research is exploratory and explanatory, giving importance to context, and to the meaning-making relating to historical/cultural specifics, which is why I have considered it as the best approach to explore the lived experience of women with HRDU.

Ontological and epistemological underpinnings

The choice of IPA comes with ontological and epistemological underpinnings. These are here explained, and the implications for the current research, both in terms of my research approach and my findings, are explored.

Ontology may be defined as "the study of being." (Crotty, 2015; p.10). Ontology determines epistemology. The way things are affects the way we know them, and the extent to which they can be known. On the ontological level reality is considered either as something that really exists (positivism), or as a representation created by perception (relativism). Naive realism has influenced positivist paradigms that study reality as an object and the results of the research will always be true regardless of the context (Groff, 2004). Naive realism tries to understand the laws that govern that reality using detached observation (Willig, 2013). The researcher can then formulate general and/or universal laws. Realist ontology looks at an objective reality external to the subject, and is divided into naive realism (reality is knowable) and *critical realism* which states that reality is knowable only partially and imperfectly (Guba & Lincoln, 1994).

For critical realism, a post-positivist paradigm which embraces a less extreme form of an objectivist epistemology, there is an impossibility of finding universal laws, preferring rather to look at characteristics and regularity within the observed contexts (Bhaskar, 2016; Guba & Lincoln, 1994). In this case much weight is given to the different contexts that can make this phenomenon happen (or not). There is a reality out there, but we are involved in the process of knowing, so actually the process of knowing modulates what is known. One cannot use one research method and expect it to disclose everything. According to Critical Realism there are multiple levels of reality and research must develop methodologies to research those levels (Bhaskar, 2016).

Epistemology can be defined as how knowledge is acquired (Crotty, 2015). A *constructionist* (relativist) epistemology sees reality as subject to our perception. Its ontological assumption is that reality is knowable through subjective categories which are constructed in the mind of the actor, and that the nature of that knowledge is contextual and procedural (Crotty,

2015). In constructionism it is not possible to separate the object from the researcher. Constructed realities change according to individuals and contexts, therefore for constructionistsexist multiple realities (Burr, 2015). In this case I can only interpret the phenomenon in order to understand the meaning-making of the actors, including my interpretation (Groff, 2004).

Contextual Constructionism (influenced by symbolic interactionism) assumes that meaning is created through social interaction (Denzin, 2007). The researcher will interpret the reality under examination in order to understand the reasons and motivations at the basis of subjects` choices co-constructed through community traditions rather than "byproducts of individual minds" (Gergen, 2015, p. 14; Burr, 2015; Berger & Luckmann, 1966). Reality is knowable through subjective categories, contextualized knowledge, is procedural in nature, and constructed by the actor (Burr, 2015; Crotty, 2015). Language organizes and constructs a social reality (Foucault, 1982). Thus, language becomes key to acquiring this knowledge (Willig, 2013).

My ontological and epistemological position

Stating that something is both `real` and socially constructed is not a contradiction. A relativist epistemology of constructionism is not incompatible with the post positivist ontology of critical realism that states that there are aspects of reality that exist independently of interpretation (see table 1; Crotty 2015). Their combination can contribute to qualitative research(Maxwell, 2008). Like critical realism, contextual constructionism states that: "different insights of the same phenomenon arise from different perspectives" (Kissaun, 2017). I embrace a critical realist ontology whilst aligning with the relativist epistemology of *contextual constructionism*, inwhich, human interaction with society and its interpretation create reality and meaning (Gergen, 2015).

I assume addiction is `real`, in that both my participants and myself have some knowledge and experience of it, and that we share its understanding which is rooted culturally and contextually, albeit some different subjective nuances (Cromby & Nightingale, 1999). This subjectivity, in which gender plays a distinctive role, renders the meaning ascribed to the experience of addiction unique for each participant.

Table 1. Table 1 espouses the various categories chosen for this research.

Ontology	**Epistemology**	**Conceptual Framework**	**Methodology**	**Method**
Critical Realism	Contextual Constructionism	Interpretivism: - Symbolic Interactionism - Phenomenology - Hermeneutics Feminism	Interpretative Phenomenological Analysis (IPA)	Semi-structured interviews

Interpretative Phenomenological Analysis (IPA)

IPA is a qualitative research approach whose rationale is to analyze and describe how people give meaning to their lived experiences (Smith et al., 2009). I decided to carry out my research based on this approach, because I am particularly inclined towards exploring the meaning-making of significant experiences, of important events, and of phenomena. We can only get as close to experience as possible. The aim of IPA is to arrive at that experiential value which is unique to those who live them. It is precisely this experiential value, in terms of meaning, that becomes the base for the implementation of IPA (Smith et al., 2009).

Core features of IPA

The core features of IPA are hermeneutic phenomenology and idiography. Approaching research from a phenomenological perspective, IPA focuses on "*concrete lived experience*" (Moran, 2000: xiii, emphasis added). Based in *phenomenology*, IPA is particularly committed to exploring lived experiences on their own terms and argues that when people are actively engaged with the memory of important lived experiences, they will reflect on the meaning of what has happened to them on a cognitive, emotional, and linguistic dimension (Manen, 2017). It is the researcher`s task to locate those memories and discover, together with the participant, an interpretation that lies at the basis of the narrated experience. IPA is phenomenological, in that it deals with subjective reports rather than formulating objective stories (Flowers, Hart & Marriott, 1999) and focuses on the assumption that research is a dynamic process in which the researcher plays an active role in interpreting participants` lived experiences (Smith et al., 2009).

Unlike most nomothetic research, which aims at discovering laws or general principles, IPA is *idiographic*. Ideography focuses on the detail, on the particular. It tries to discover those particular processes that underlie the meaning-making of lived experiences, through the examination of individual cases. Ideography in IPA uses two approaches, a thorough systematic analysis that generates an in-depth understanding, and a focus on "what sense this particular person is making of what is happening to them" (Smith et al., 2009; p.3). IPA is a process that moves through stages of analysis in a circular manner, often requiring the researcher to revisit previous passages, as new findings emerge from an in-depth analysis. This dynamic relationship between the whole and the part is called the hermeneutic circle (Smith et al., 2009).

The interpretative approach of IPA has its basis in *hermeneutics*. The word hermeneutics comes from the Latin word hermeneutikè, defined as interpretation, explanation, and clarification.

It was born within the religious sphere, with the aim of generating a correct interpretation of the sacred texts (Manen, 2017). The term eventually evolved into other areas, trying to give an explanation to all that is difficult to understand. In this sense, hermeneutics is thus the theory of interpretation. IPA maintains that individuals are continuously trying to make some sense of what has happened to them. Thus, the experiences that people narrate will linguistically reflect not only its content, but also their attempts at making sense out of their experiences (Smith, 2008). However, giving a meaning or sense is rarely made explicit. The researcher is also trying to make sense of the participants` sense-making, which in IPA is called a double hermeneutic. For Husserl, bracketing is an important element of this approach, meaning one should put his personal biases on the shelf (Langdridge, 2018). Bridling, an adaptation of bracketing, focuses instead on keeping biases under control (Manen, 2017; Larkin et al., 2006).

Target population

A recruitment/information letter (see Appendix B) was distributed via the gate keeper to the participants. I informed the gatekeeper to make sure the participants were aware of the research and that they were free not to accept the invitation to participate in the research. Participation was therefore on a voluntary basis. Participants were in a position to contact me directly (or with the help of the gatekeeper), thus ensuring an opt-in approach (to avoid coercion). No inducement was offered. Data was gathered through semi-structured interviews (Appendix D) with women aged 18 years or over, who have engaged or are still engaging in HRDU. Participants are women who have or had been *clinically diagnosed with substance use disorder* as per the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and who have been clinically diagnosed with either *mild, moderate and/or severe substance use*

disorder. According to Smith et al. (2009) the fewer participants the better, in order to avoid just a descriptive analysis and thus gain more analytical depth. Therefore, 7 females were recruited from the treatment facilities of Detox and Narcotics Anonymous Malta - thereby ensuring homogeneity for the lived experience – they are all women who have experienced HRDU, some still are and others have desisted, but the study is on how they experience HRDU.

Ethical considerations

I was first granted ethical clearance to start working on my research which was in conformity with the University of Malta's Research Code of Practice and Research Ethics Review Procedures, together with approval from various institutions (Appendix A). Since this is a vulnerable sample, priority was given to ethical considerations, by following the required guidelines to safeguard the participants` wellbeing throughout the process (Appendix C). The re-living of certain traumatic experiences was mitigated by pursuing participant`s ethical principle of responsibility and harm prevention (Oates et al., 2010). Participants were informed of their rights prior to the interview and were free to quit at any time, and since they already were in a safe space, supervision was immediate if the need arose. At the end of the interview participants were debriefed (Appendix E) and a forensic psychologist would have been referred to them if needed.

Data Analytic Strategy

A verbatim transcript of each interview was generated, faithfully retaining the dialectic inflections and language used by each participant. The analytical process conducted is described as an interactive and inductive cycle (Smith, 2008). The very nature of the interpretative procedure invoked the need for constant supervision, discussion and reflection on what emerged

during the advanced stages of analysis. Besides discussing my findings with my mentor I have also approached various colleagues at the University of Malta to listen to their interpretation of some of the data. This kind of supervision not only allowed to take into account my potential influence in the process of research and analysis, which is acknowledged and recognized by the methodology itself, but also aided in enriching the hermeneutic circle. The analysis proceeded according to the following steps.

I read and reread the transcript to become familiar with it. This was followed by a line by line first analysis of each participant's affirmations and understanding (Larkin et al., 2006), annotating linguistic, descriptive and conceptual aspects. Phenomenological coding is evidencing the key features of the lived experience. I wrote notes on the side of the transcript about associations, connections and preliminary interpretations. This is called interpretative coding which is looking for keywords, patterns, contradictions, metaphors and imagery. I transformed notes into emerging themes. Themes were identified, with a brief summary of the key message and what it says about the phenomenon. A connection was created between Super-ordinate themes and sub-ordinate themes. I created a summary table for each participant with illustrative quotations. The themes of all transcripts were compared and grouped in a final table (Appendix F) which contains the final themes that represent the shared and/or distinct experiences of the participants. To make sure that the themes are representative of the data, similarities and differences were considered both within each interview, and between participants (Waite et al., 2015). The development of a comprehensive narrative, evidenced by the detailed comments of the data extracted, will guide the reader along the interpretive process theme by theme in the next chapter (Smith et al., 2009).

Using IPA, *three* super-ordinate themes were identified. `*Lost in Life*` is the first theme which marks the period before the women started using, a stage in childhood and adolescence marked by trauma and a feeling of helplessness, in which they felt lost. The second theme is '*Form LaLa Land to the Land of Confusion*` and recounts their addictive career, from the pleasure and joys of the honeymoon of using drugs, towards the chaos and confusion at the end of their addictive experience. The last theme is `*The Road less travelled*`, which tells the experience of attempts at desisting from drugs and the hardships these women endure to start a new life.

Reflexivity

Reflexivity is weaved in throughout the data analysis and also throughout the text. Gathering data is a bit like travelling, wandering along the lives of others. A journey which has taken me into the lived experiences of these extraordinary women. My biases, assumptions and perspectives have inevitably influenced the research process and considerably altered through the process of hearing their stories. What follows are some of my reflections related to this process, together with some ethical issues I have encountered. Being a male researcher interviewing a vulnerable female population, was no easy feat and I was much aware of it! Thus, I approached this research on tip toes, constantly trying to mitigate any fears of such a daunting task at hand. I trusted in the clinical helping skills that my psychology degree had endowed me with, and I believe that this together with the treatment environment they were in, helped to mitigate those uncomfortable feelings on both sides.

The interviews were quite a harrowing experience. The location, the detox outpatient's center, was already something! I was on the other side for years, every early morning coming for my daily dose of methadone. Today I was sitting on the other side interviewing my fellows. In

fact after the first interview I realized that I had unconsciously sat in the doctor`s seat, as though I wanted to ensure I had moved on. During the first interview I had tears in my eyes, because I could see myself in her, the `me` of the past, just obsessed with drugs! “I do not give a heck about either my man or my kids, cocaine comes first!” one participant said. Just that phrase senta shiver down my spine. The rest of the world becomes incommensurable and thus cannot be integrated because of that obsession with drugs, defragmenting all there exists in between, especially one`s own identity and dignity! Another participant entered the room and she recognized me immediately and called out my name. I couldn`t recall her but I smiled to her nonetheless. Along the interview, while she was recounting some of her past, I remembered whoshe was and it was such a shock to see her so much changed by drugs and her lifestyle, whilst visions of a common past and events bombarded my mind. They said they were glad to see someone like me come out of it. That felt good. I trust I gave them some hope.

Rigour and Credibility

To ensure rigour in phenomenological research, it is necessary to ensure credibility while analyzing the data (Smith, 2008). The results of the study must be faithful descriptions or interpretations of the experience. The results of the study must reflect the data, that is, the results should be thoroughly based on what has emerged through a thorough interpretation of the lived experience (Larkin et al., 2006). As a method of research, theorizing in IPA not only tells us what to look for, but also how to look for it. IPA states that a faithful description of the phenomenon is necessary to achieve and capture its essence. For an IPA method to be rigorous, it must procure the maximum possible clarity, with regards to its direction in meaning-making and its validity (Smith et al., 2009). This requires the implementation of a radical reflection, meaning that the

researcher does not only have to enunciate the principles on which one acts, but must also monitor the process of the epistemic stance of open and free coding (Larkin & Thompson, 2012),through a reflective criticism of the modus operandi, thus giving further credibility to the research.

Strengths and limitations of Interpretative Phenomenological Analysis

Qualitative research focuses on collecting data which is primarily verbal, rather than numerical measurements. The information collected is then analyzed through subjective interpretation. The advantages for using qualitative research is that it is less structured than quantitative research, thus allowing the identification of a number of shades to a particular behaviour or event, that would otherwise be lost. It moves from doing research on people to doing research with people (Smith et al., 2009). On the contrary, quantitative data does not contain the nuances of human variability, and therefore ends up boxing common subjects into macro categories (Creswell, 2007). All this facilitates and simplifies the process of knowledge, but deprives us from the discovery of certain nuances of human nature, reducing it to its lowest terms.

In qualitative research, observing individual variability, leads to an observed outcome which is greatly enriched, and aids into building post hoc theories. The limitations of this methodology can be the extreme individuality and subjectivity with which data is collected. For this reason, it is often difficult to replicate the inferential process that leads to generalization (Smith et al., 20009). Nevertheless, qualitative research was recently revalued for using more rigour in the application of the procedures and data processing, a rigor which is present in IPA.

Summary

This chapter has outlined the research approach and design chosen, in exploring the lived experience of victimization among women with HDRU. It then presented the rationale of the research process, including a detailed description of the process of analysis. The implementation of ethical considerations was given highly importance, ensuring the necessary steps were adhered to. Analysis and discussion of the research findings, in light of the available literature, are presented in the following chapters, together with my own reflection.

Chapter 4 - Presentation of Findings

Introduction

This chapter illustrates the findings of my study. Following the detailed analysis of the transcripts three super-ordinate themes became prominent, and each one embodies sub-ordinate themes indicating either distinct or commonalities of these 7 participants' lived experience of HRDU. Quotations from the participants` interviews help to delineate each theme. This allows me to remain as faithful to the text and their interpretation as possible (Smith et al., 2009).

The Participants

Seven participants (women) who have or are still engaging in HRDU were interviewed using a semi-structured interview guide. Each participant has had, or still has, a problem with either heroin or cocaine, or both. Anonymity for each participant is guaranteed through the use of pseudonyms and their demographic details are represented in the following table (1).

Table 1 – *Participant`s demographic details*

Name	**Age**	**Drug of Choice**	**Children**	**Notes**
Dorothy	48	Heroin + Cocaine	1	No intention to stop using drugs, even while in prison
Nirvana	62	Heroin	0	25 years clean from all drugs (NA)
Lorraine	44	Heroin + Cocaine	1	Clean for 3 years but still struggling with medication
Sharon	38	Heroin	1	Clean from heroin for 6 years
Barbara	40	Heroin + Cocaine	2	No intention to stop using drugs
Audrey	25	Heroin	0	Clean from all drugs for 1 year (NA)
Isabel	30	Heroin + Cocaine	0	Still using drugs but contemplating rehabilitation

Super-ordinate and Sub-ordinate Themes

Table 2 - *Super-ordinate and sub-ordinate themes (in italics actual quotes from transcripts)*

SUPER-ORDINATE THEMES	SUB-ORDINATE THEMES
4.4 Lost in space – childhood/adolescent trauma	**4.4.1 A traumatic childhood** "*they all just ganged up and had a bit of fun with me"* - Early victimization experiences **4.4.2 An inadequate girl** *"I felt so lost in life"* – experiences of powerlessness, pain and shame
4.5 From **LaLa Land** to **the Land of Confusion** – the experience of the addictive career	**4.5.1 From hubris…(pride)** From *"I was proud…"* of using drugs… **4.5.1.1 Wonder Woman** - Experiences of power and control **4.5.2 …to nemesis (fall from grace)** …to…*"on a woman it looks very ugly, dirty!"* **4.5.2.1 Sisyphus (the shame of addiction)** *"I was using almost like against my will"* - The experience of losing control, personal shame **4.5.2.2 A dirty girl** *"I felt dirty"* - Experiences of powerlessness and suffering - Community shaming
4.6 The Road less Travelled – the experience of Desistance	**4.6.1 Defrosting** *"I am now like defrosting"* - Primary desistance, the experience of stopping drugs **4.6.2 The birth of Venus** *"Oh! I was feeling again"* - The ability to experience emotions - Reintegration within the community

Lost in space – early victimization experiences

The first theme presents how most participants felt *lost in space*, experiencing early victimization during childhood and adolescence prior to onset of drug use. They make sense out of this by narrating how their traumatic experiences have impacted on their identity experiencing shame and inadequacy, and eventually on their actions, to either escape and/or numb their pain.

A traumatic childhood

Participants make sense out of their early traumatic and victimizing experiences to explain their onset with drug use. Home meant a lot of sadness to most participants. Sharon felt lost even at school. She was always absent minded, and she needed to escape. To escape that dark and heavy feeling! A feeling which with hindsight she could only describe as sadness, which cause could be found in childhood, having experienced abuse: "childhood was a bit difficult, I went through an abuse".

Audrey`s childhood was full of sexual abuse. The context in which she lived in was imbued with drugs and sex. At the tender age of 10 her dad`s friends:

> …all got high, and then I don`t know, they all just ganged up and had a bit of fun with me, I really didn`t understand what that was about but yeah…when it was just my dad`s friend…he said no this is ok this is what guys do, but then when it happened again it started feeling wrong like it was really violent and really f+*kin` horrible. I remember I cannot breathe like all this shit you know so that was kind of…the trigger!

Audrey was a scared little child and heroin was the solution to numb and soothe her pain: "you`re never safe, you cannot trust anyone…I didn`t know what was really happening, it felt like this was the solution, this is how I could get by, the way to make it go away, to feel good".

An inadequate girl

Most participants felt lost, empty and confused as children and adolescents. These feelings imbued most of their experiences with a sense of inadequacy. Dorothy felt that she couldn't fit anywhere. She felt always rejected by her family, and her mother used to tell her: "that I came by mistake". Sharon felt lost, going through bouts of great sadness, with no direction at all, lacking guidance or purpose:

> At that time I was lost to be honest…a lot of sadness and I couldn`t figure out why this huge feeling of sadness…I felt so lost in life, no direction, I felt really down, without a purpose in life. I was very shy. Am sure I had low self-esteem, I used to feel that.

We can see how she attributes her lack of confidence to low self-esteem and inadequacy, probably based on what a therapist has told her. In her opinion the lack of stability and family support made her an introvert without giving her the necessary confidence: "I had no support either from friends or from family, I was really closed within myself…so I didn`t have something to help with my self-esteem. I did not have any guidance or positive reinforcement for my capabilities". Sharon used to steal a lot, and she justifies her stealing because her family was poor and she wanted material things to feel equal to her peers:

> I used to steal a lot, I go into a shop I need to steal, I go to school I need to steal, I see a purse I need to take something from it, emm my family was poor, let`s say so, so for me to have certain material things and feel good, I used to steal.

Although everything looked good on the surface Nirvana: "always felt that something was missing, like life wasn`t worth living". She too felt very shy: "I was shy, I didn't want to talkto people". She was good at keeping appearances as a child, but Nirvana: "didn`t have a moral compass although I had been raised right, something was just off...until I started to get out of

control". Even though her family was well off, Nirvana still stole from her peers at boarding school: "because I liked the thrill of doing it…There was no reason for me to be stealing. I just had this drive to do things".

A common experience recounted was that of rebellion towards certain events that left them traumatized and in a constant state of inadequacy. Dorothy felt a strong sense of emptiness and inadequacy due to the premature death of her mother: "I didn`t have that love maybe…my mum died of cancer when I was 16. My dad chucked me out…and I rebelled more". For Lorraine using heroin was a conscious decision to get back at her dad for shaming her: "I knew that if my father finds out he is gonna hurt, he is going to cry, and then I will stop. That didn't happen of course". Whereas Sharon thinks: "unconsciously my self-destructiveness was a payback to my own family". Lorraine was shamed by her own dad, a traumatic experience whichmade her rebel:

> I will never forget that day. First of all, it was a decision I made, it was not a mistake you know, I knew exactly what I was doing. I was 16 years old. I did it to rebel against my father, because he had done something really, really bad, which traumatized me…I wanted to hurt him in a way…so I deliberately went looking for heroin.

Audrey believes her dad and his friends might have contributed towards the onset. Her dad for creating the context and the availability, his friends for traumatizing her through sexual abuse, and then there were others who were passing through her same experiences: "girls that this thing was happening to them too, so that was their only escape, so kind of them, not that theymeant to, you know we said let`s get through this by using". `This thing` refers to sexual abuse.

From LaLa Land to the Land of Confusion – the addictive career

The highs and lows of the experience of an addictive career are condensed in this super-ordinate theme that portrays how participants move from LaLa Land, which is a pleasurable drug induced experience of hubris (Greek word meaning excessive pride), in which participants have felt moments of absolute joy together with feelings of euphoria and wellbeing, and/or a relief from their suffering. This ride for these participants is a one-way ticket towards a Land of Confusion spiraling towards their own nemesis, an underworld of pain, shame and loss of dignity. We shall see how roles differ along the way and how these women experience these roles, looking at some experiences that aid in escalating and maintaining HRDU.

From Hubris…

In this subtheme we see how our participants experience hubris. They are proud of using drugs which give them pleasure, relief, and boosts their experiences, experiences that make them feel like wonder women. They fall in love with this new persona and they seek to relive the same experiences within this drug induced honeymoon.

Wonder Woman

Sharon started experimenting with drugs and when she took heroin, it removed those devastating thoughts and emotions, putting aside less desirable aspects of herself. It reinforced special and superhuman experiences that inspired me with the sub-theme of `wonder woman`. Sharon says she enjoyed the pleasurable feeling of the drug, an emotional pain relief:

> Heroin was the perfect drug. You forget aye, it brings upon you a state of I don`t care, it`s like another world, in the beginning it was beautiful aye, I mean yeah it was beautiful…I used to enjoy it, of course I didn't know what I was getting into, but at that time it was a pain relief, an emotional pain relief.

Sharon recounts her personal thoughts and feelings and says how: “I felt proud because it felt good and the more I used the better I felt, shame was something that came later”. She felt good during the honeymoon period of addiction: “I had a certain ego. I think I was quite recklessat the time and felt good with the thing haha”. For Sharon being a woman addict had advantagesin that: “it was easy being a woman to get money and drugs”. This I believe is in comparison to being a male.

For Audrey too: “the (initial) experience of using was like emm really good, as in it felt like I found my solution.” For Audrey the `cool persona` she had through her using lifestyle gaveher that much needed relief and confidence to deal with life: “the more I used the better it felt at the start. Emm I was able to have this persona, like it was really fun”.

All Isabel cared about was enjoying herself, experiencing feelings of invulnerability: “Uuuu hero, I felt that nobody could stand a chance with me, always enjoying myself! Deep down, if I had to rewind and go back to that life, I would”. Good looks played in Isabel’s favor inthe beginning of her addictive career: “There were men that gave me drugs because I was a woman, a pretty one”. Lorraine too emphasizes on how: “a woman can depend on herself, using her body probably, or charm, or whatever.”

Nirvana`s first experience with alcohol and weed at a rock concert felt really good. She describes the experience as:

> …the best thing ever. And I thought ok, this is good, so I thought that`s pretty much my style but it wasn`t exciting still…until I won the lottery when I met someone who was a heroin user, he did heroin, and I did too, and I loved it! That was it! That was it for years! For me it was the answer to everything, for me it made me function in the world.

Nirvana says that being a woman enabled her to get drugs easily:

> Because I am a woman I always got drugs, in any way. I used men. Always got for free…I never felt very much like a woman…I have never seen myself as a victim…So as a woman I didn't notice much difference except that I could use my body to get things, yeah sure…If I couldn't get drugs in any other way, then sure, I would do that! So in that I used the fact that I was a woman.

Barbara`s experience of: "Being a woman especially youngish, these men older than me want a young woman by their side so that they can boast." She bought her own drugs only after four years of non-stop using, talking about how easy it was to fool men. Note that at the time she started using Barbara was still a young teenager.

…to nemesis

This experience of the honeymoon in LaLa Land is shattered once drug dependency, prostitution (and criminal behaviour), and continued victimization become predominant in their lifestyle, which together with community shaming spiral them into the Land of Confusion. In this chaotic experiential landscape, experiences of felt shame are precipitated by community shaming and their own nemesis while they experience a fall from grace.

Sisyphus

The ancient Greek myth of Sisyphus narrates that as a punishment for his thirst for power, Sisyphus has to push a huge boulder up a mountain only for it to roll back down in the valley, and this is repeated for eternity. I use this as an analogy for the continued and incessant using of drugs during the maintenance stage of an addictive career. Their need for more drugs and the experience they lived during the honeymoon period make them repeat the same compulsive actions over and over again. Audrey's first subjective interpretation of her inability to stop (akrasia) happens when she had to choose between something she loved most, which is

playing the trumpet, and the urge to use drugs (interesting because they are both pleasurable desires). Audrey explains how she used drugs: “almost like against my will”.

Sharon explains how along the career: “things not escalate, but develop, the habit grows, the problem grows, the guilt grows”. Towards the end of her addictive career Sharon was just using drugs, and she felt that her identity was just that of a `user`. She felt that she couldn`t stop, she couldn`t control her using, no control at all, on anything, and this created more sadness, frustration and desperation: “I felt worse still because I didn`t have the guts to stop. I didn`t know why I couldn`t stop. I was just a user aye. It`s like I came back to the situation I was in as ateenager, like that immense bout of sadness…”, just as though she reenacted her teenage feelings and thoughts, and her childhood experiences.

Lorraine talks about her intention to stop after teaching her dad a lesson, but: “I couldn’t stop, no one could stop me, not even my father, not even treatment, nothing, I just couldn`t. I just didn`t want to then”. She continues showing ambivalence in her interpretation of the belief that she had no control over her using: “and after all that pain and suffering, I do it again! I couldn’t understand how stupid my thinking was. I overestimated myself and underestimated heroin”. She tries to figure out why she persisted in HRDU when the consequences were terrible.

Dorothy tried a new kind of synthetic drug on the market and she got so badly hooked on it that she considers it as the worst drug she has taken, but she has no intention to stop even though it has a lot of consequences: “I love having extra so that I am never without anything….Icut on weed and I got hooked to this synthetic bastard. Worst drug for me, cheap, quick, and I cannot stop hehe. But believe me, I will still keep on doing it”.

A dirty girl

When asked how they have or do experience being a woman with HRDU, most participants link this experience to feeling dirty and prostitution. Isabel describes how she feels in saying that: “deep down there are certain things that when I use drugs I feel dirty”, and when money became a problem she had contemplated prostitution and its economic benefits: “I have always thought that being a woman can be of help in certain moments, it has sometimes crossed my mind that if I do not have any money I go to prostitute myself”. Agency is not yet present, contemplation is. Lorraine too describes a feeling of dirtiness and a point in her addictive career in which she: “felt dirty and I felt like a junkie, there I felt like a junkie actually! It just hit me, I am a junkie, actually more junkie than others”.

Audrey loved every bit of the experience of using drugs. This until the drug use became uncontrollable and she started getting sick. Audrey loved the addict persona which gave her feelings of confidence and invulnerability, but eventually she learned from her community that:

> I was like a bad egg! part of me loved that, like I loved having this like powerful impressive image you know, but then another part of me wanted I don`t know like a different kind of attention. Eventually I started to believe I was just bad and that was no other way out and that was really it. I was just a bad egg and there is no way out so I might just continue because there is no point.

For Nirvana committing crimes, sleeping with people for drugs, carelessness and: “getting arrested was just part of the deal…I never felt nothing. I never felt shame. I never felt like I was losing myself. I never felt any degradation about how I carried myself as a woman”. Nirvana emphasizes various times during the interview how she felt reckless and shameless, howshe used her gender in order to obtain drugs and how she did not feel as a victim at the time. A shameful event Nirvana experienced was when she ended up with the girl she had a crush on at

boarding school, and: “I ended up introducing her to my drug of choice, because I thought, I love the two of them so much, let me put them together. And that is very bad, and so I feel remorse about that”. Nirvana recounts another shameful event: “I am most ashamed about…the fact that I went to an old lady`s house who had known me since I was a kid, to steal from her. And I am actually glad that I have never found anything there. Out of the crimes that I have committed that one stands out”.

Sharon experienced violence from her partner: “he was going to kill me at least 3 times, meaning it was something very physical, emotional abuse, everything”. But she claims agency over prostitution: “I have never let any man control me whenever I went with men for money. I never did it for my partner”. She didn`t feel it affected her at the time. Only later on did she feel dirty and ashamed. Sharon perceived the community as judgmental: “they saw me as very inferior…I ended up very low in life”.

Every woman said that they believe women with HRDU in the Maltese communities are seen as prostitutes and `dirty` women. For Isabel: “a person using heroin, especially a woman, is not accepted that much by the community…on a woman it looks very ugly, very, very, very! On a woman it looks dirty”, and then adding how her family shamed her on the way she looked: “how ugly you are, you are like a skeleton, you are like a scarecrow with those eyes (because of her thyroid problem they bulge out), I do not even want to say you are my daughter”. Her family shames her on an aesthetic level, an experience of disgust. Isabel also mentions community shaming: “I am embarrassed to go to my mother`s place today because the neighbors know a lot of things about me. So once they know you use, since you are a woman then you are a whore”.

Barbara defends her role as a prostitute with regards to community perception as:

> …they say that prostitution meddles a bit with your mind and is hard, but at the end of the day for me it`s much easier for women", emphasizing that: "I will not lie about it and say it`s hard. Now I do not want to prostitute myself again. As much as I can, I do not prostitute myself hehe, but when I am in it, it does not affect me that much.

Barbara says that community gossip and stigma does not affect her: "just because of people mostly, but not even that affects me I think. But Malta is a small place and it is easy to geta stigma". I wondered whether her eagerness to appear shameless may have been to portray and accentuate her agentic role in front of a male researcher or maybe it just works as a function to keep shame at bay.

Dorothy sees the fact of being a woman with HRDU as a big problem, and that people see her as a whore: "Oh my God what a problem to be a woman eh. A lot, and many people associate a woman using drugs as going with men. I am not saying I did not do these things".

Lorraine: "used to take side streets…because I knew that every time I walked they talk, you know you notice, a junkie, she`s sick, she`s prostituting". Having money helped her not to do certain things and appear in a certain way with society:

> You wake up in the morning, you`re sick, thanks God somehow I had financial help, so I didn`t have to do certain things, or look a certain way. I could wake up and have my fix ready. In the morning I didn't have to go to detox in my pajamas you know, because I had it ready, so I kept up the façade of being clean quite well.

The Road less travelled – The experience of desistance

Participants recount their experiences with desistance. We see how they pass through various trials of desistance, showing its processual nature. Some remain within the addictive career, while others stop and conduct a drug free lifestyle.

Defrosting

Dorothy felt empty and depressed every time she got clean and it is an experience she does not want to relive again: “I feel that void, I even removed methadone. I was left with the depression of methadone. That big void, no, no, I do not want to be straight hehe”, and so has never contemplated the idea of desisting ever since. Barbara too doesn`t even consider stopping drugs: “for me it`s like petrol, I need it to function”. There are points within her addictive career in which Barbara desisted in order to give birth, twice, but she was still on harm reduction takingmethadone. Barbara explains that the only time she chose to desist out of her own free will wasto give birth: “but pregnancy is different aye”. Lorraine and Dorothy have different experiences with pregnancy as both keep on using drugs well through their pregnancy. Lorraine notes how “when he was born I was on 150 methadone and about 5 grams of smack a day, so he was obviously withdrawing badly”, but points out that she never left his side for the first 8 months in hospital, her way of feeling a good mother. She eventually had support to raise him. For Dorothypregnancy was a different experience altogether, and she only: “realized when I was 6 months into it, cause I was using cocaine, instead of having a mother instinct, I ended up with a baby girl like this hehe (mimicking its extreme small size)”. Dorothy didn’t even consider stopping using drugs and her parents fostered the child eventually.

Audrey describes her experience of abstaining from drugs and her recovery from years of using, of trauma and victimization, as a defrosting process: “I think because I used so much,

from such a young age it`s like I froze myself, on the inside you know, and I am now like defrosting out from the freezer". She talks about the immediate physical withdrawals and medical issues: "Hahaha it f+#ing sucks hahaha!!!! Well of course in the beginning getting sick, the withdrawal is f=-#in shit". She then goes on describing how it is hard to cope with life without the necessary skills to do so and how hard it felt to perform without the addict persona: "at first it sucked it was like emm, it was literally like a 10 year old girl again…yes at first I waskind of lost. I was like emmm I couldn`t do anything, I didn`t know how to live".

Sharon`s feelings in the beginning of desistance are of great sadness and apathy, physically and emotionally drained: "I don`t know what would happen inside of me. I was reallyheavy…no scope, no energy. It was hard for me to communicate". It was hard to dig deep insideherself and discover or face the pains of her life because she believed: "that there is nothing in me worthwhile!" She says it was a choice between life and death. She could either choose to continue escaping reality and numb her feelings, or face her ghosts, embrace the pain, and grow!She chose the latter: "thanks especially for certain people that have supported me".

In the beginning of her recovery Nirvana still felt unsafe and naïve, with no skills to live clean (or fear?):"I was very scared, terrified, terrified, `cause I hadn't been clean for so long…I couldn't even go into food shops to buy food, I didn't know what to do…it was terrifying".

The birth of Venus

Audrey finally feels relatedness and a sense of belonging, that people are enjoying her company. She has noticed that now that she is clean she is being offered more job opportunities, so evidently people have noticed a huge change in her behaviour, and this makes her feel better:

> As soon as I got clean people were like ah listen do you wanna do this and do you wanna manage this with me and like I got promoted to head of department in the school where I teach and I`m like oh ok obviously I am better now you know so, that`s really nice.

People who knew Nirvana are now happy to see her well. They were worried at the time because they saw her withering. She is appreciated now in her jobs and in NA. She values herself now, maybe because others value her:

> Everyone that I met who knew me while I was using, and now see me clean, they are very very happy…I am of value, whereas I was not before. I have literally lived like an animal for years, like I didn't wash, I didn't do anything, like I didn't take care of myself, while now I value myself, I value my life.

Nirvana says that she is totally different today to how she was while on drugs: "Hahaha Totally opposite, totally opposite! Totally! Totally, totally, totally, in every way. I was extremely miserable. At the end drugs were getting me, like I couldn't get high literally". She didn`t have a body, no menstrual cycle, was just a using machine whereas now she is in discovery of her spiritual side:

> I literally felt like I wasn't a person at the time I got clean, like I didn't have a body, I didn't have a period…It was almost like I was this using machine and there was nothing… When I got clean I discovered I had some sort of soul, spirit however you want to call it and I started to nurture that.

She was careless and reckless, with no feelings, stealing, sleeping around, shoplifting, whereas now there is no bad behaviour, she feels, she empathizes, she connects. She is capable of feeling emotions again:

> And I found I could connect with people on a level I had never done before. I remember when I felt empathy for the first time for someone else. That was

> strange! I was in an NA meeting and this woman was sharing and she didn't look like me, she was black and she had kids. She was talking about something and I had about 90 days clean and I suddenly felt this feeling that I don't even know what it was, and when the person was driving me home afterward I talked about it, and she said oh that was empathy, and I said that I have no idea what that means. And it was strange, it was an exquisite pain, it was painful, because what she was sharing was painful, but at the same time it was a beautiful feeling. I was like Ohhh, I was feeling again!

Lorraine`s recovery is not experienced well. She is finding it too hard to cope with life and her emotions. She finds it especially hard to cope with her partner`s imminent death from cancer, and she is really worried for how her son will react to this:

> I don't know what to do as I can`t feel I can cope. My heart never ever, it didn't hurt so much, ever! I`ve never felt this pain, ever! I`m not used to it. I`ve been so numb all my life, to everything, and now I have to stay with it, it`s terrible! I`m terrified, I was never afraid even of losing my life, ever.

To cope with all this pain she would have taken heroin, but her dad had forced her to undergo the naltrexone implant (a radical underground surgery inserting a subcutaneous medical implant to manage opioid dependence). She is now abusing of pills to numb her pain and she feels her life is a mess again. She might have desisted but she is feeling miserable.

> On drugs there was always a choice, not on this! What am I gonna do, I`m scared. How am I going to take care of my son? Because I am going to be such a wreck. How am I going to console him, am inconsolable myself? I am scared of what`s going to come, very soon. I know it, I can see it in front of me, every day! …It`s torture every day, and this is where I need heroin. If I had the choice I would start again. After what I`ve passed through, still, because that is all I know to cope. I don't know how to cope. I have to be strong for my son too, but I`m not, I`m really not, it`s crazy, it`s crazy.

Awareness, sensibility and shame hit Lorraine like a tsunami:

> You are not going to fix that in a year, it takes time! Time! And I had no patience like you know… And you have to keep on proving to people, you remain clean, just get on with your life as best as you can because there are consequences that keep coming up… it`s painful, it`s very difficult because… you`re aware of everything, you`re sensitive again, you feel embarrassment you know.

Sharon says that she has changed for the better, but not always. Her feelings and thoughts have improved, so has her self-esteem: "but today I am still suffering with relationships….and I sometimes ask myself if this will ever change". She believes she has found more balance in her life and now has a baby: "you have to lose your balance to find your balance". Sharon says: "I am a success for society! The very fact that I came out of it makes me feel good and yeah I think society looks at me in good light". Thanks to the education there is about addiction she thinks that people are more informed about the problem and knows how hard it is to desist and so they appreciate the effort she made. She herself has studied and been at university and is now giving back to society.

Conclusion

This chapter presented the findings of the emergent super-themes in light of the meaning-making participants have made out of their experiences as women with HRDU. Their addictive careers were unraveled through sub-themes which develop further their interpretation of various aspects within their trajectories. These findings are discussed further in Chapter 5 in line with the literature review.

Chapter 5 - Discussion of Findings

Introduction

This chapter presents a discussion of the findings informed by the literature. I reflect critically upon the participants` interpretation, and following the double hermeneutic concept (Smith et al., 2009) give my own interpretation based on the conceptual frameworks that influence my thinking, avoiding being either too descriptive or too interpretative. I have not onlyengaged in reflection along the process to appraise my interpretations, but I have also asked for assistance from my mentors in order to gather diverse paradigmatic interpretations of the text, thus enriching the hermeneutic circle.

Lost in Space – early victimization experiences

Traumatic recollections emerged spontaneously during the interviews, memories that seem to be underlying the women participants` understanding of the magnitude with which the experience of certain events have impacted them during their childhood and adolescence, as they attempt to make sense of their drug use trajectory. Their early traumatic experiences (the subtheme of *a traumatic child*) and their feelings of shame and inadequacy (the subtheme of *an inadequate girl*) inspired this super-ordinate theme of *Lost in Space*, in which emotions are experienced as overwhelmingly painful, testing the women`s ability to cope. A vast literature points to determinants of HRDU shaped by early traumatic experiences linked to gender (Scicluna & Clark, 2019; Lotzin et al., 2019; Hankins, 2008; El-Bassel et al., 2005).

A traumatic childhood

Most participants painfully recalled early victimisation experiences of neglect, of sexual and psychological abuse, and of emotional and verbal abuse, especially within a familial context. Participants portray how they identify abuse and neglect as core experiencesthat have influenced their addictive career. All of them point to the lack of love and neglect they have received in their childhood. In line with Scicluna & Clark`s (2019) research and others (Lotzin et al., 2019; Cook, 2015; Porcerelli et al., 2003; Tjaden & Thoennes, 2000), this study finds that women with HRDU are particularly likely to have experienced victimization in their childhood, while multiple forms of abuse continued to be experienced over time as with Dorothy, Barbara and Audrey.

There is plenty of empirical evidence to link the onset of drug use among women to early trauma, often at the hands of male family members and intimate partners (Scicluna & Clark, 2019; Cook, 2015; Clark, 2011; Kaysen et al., 2003). Violence against women is violence towards women because of their gender and is most often perpetuated by males. Radical feminism views this kind of violence as based within society`s patriarchal power relations (Matthews, 2014). Findings in an EU survey by the Fundamental Rights agency reveals an astounding proportion of violence against women (FRA, 2014), a determinant towards HRDU (Hankins, 2008). The studies quoted in chapter 2 by UNODC (2019) and Cohen & Hien (2006), show a very high percentage of women with problem drug use who have at least suffered from one sexual abuse in their lives, and a high correlation between HRDU and emotional neglect suffered in childhood (Scicluna & Clark, 2019; Mate`, 2008).

Participants related how, as a consequence of having experienced both physical and emotional abuse, underwent a deterioration in their sense of wellbeing, leading on to

substance use in an attempt to manage the trauma and its ensuing negative effect. This is especially evident in Audrey`s and Sharon`s narratives and is consistent with Elder et al.'s (2002) life course perspective, on how life trajectories are 'influenced' (not determined) by developmental experiences. The continuous victimization endured by Audrey, has resulted in prolonged trauma. Trauma occurs as a result of a critical event (or sequence of events) which threatens the sense of self and creates an overwhelming feeling of helplessness (Gold, 2017). Participants felt powerless together with an inability to experience the full range of emotions. This caused deeper strains in their victimized identity, and a greater vulnerability to relive similar victimizing experiences (Scicluna & Clark, 2019; Harner & Burgess, 2011; Mate', 2008; Herman, 1992).

Experiences of violence and abuse contribute to feelings of helplessness, fear, anguish, and subjective feelings of lack of self-control (Miller et al., 2000), and for some of the participants they were an important precursor to substance use, to numb the pain. Women are more prone to suffer from PTSD than their male counterpart (Irish et al., 2010). Literature shows how intense emotions of shame are common with PTSD, especially when the traumatic event involves sexual abuse or physical assault (Amstader & Vernon, 2008), leading to drug dependency (Mandavia et al., 2016; Miller et al., 2000; Gilbert & Andrews, 1998), using drugs to self-medicate (Leeies et al., 2010). Later on within the addictive career, most participants narrate how having a drug problem put them at risk of further victimization (Scicluna & Clark, 2019; Matthews, 2008).

An inadequate girl

The participants` sense of self is impacted by the sequence of these traumatic experiences with the subsequent development of a victim identity. This inspired the subtheme of *an*

inadequate girl, a girl that cannot control her emotions. The emotion of shame is predominant, as clearly outlined by the interpretations of Audrey and Sharon`s lived experiences. Audrey and Sharon explain how sexual abuse and trauma created further feelings of shame and inadequacy. Audrey came to see the objectification of her as normal, thus creating a distorted idea of her identity. Objectification is treating people, usually women, as objects (Nussbaum, 1995). With hindsight both Sharon and Audrey think that the shameful experience of sexual abuse had a huge influence on their life trajectory, leading them to experience the sensation of being devalued and degraded as highlighted by Hartling et al. (2000), and thus losing their dignity, an experience which is relived at various points along their addictive career.

Lack of love, feelings of helplessness and shame-prone identities highlight most of the narratives, interfering with their emotional development. The data indicates that it is not only the experience of abuse but also harsh authoritarian parenting with little or no emotional support (such as that experienced by Isabel, Barbara and Lorraine), that influences their psychosocial wellbeing. The women spoke about how this may have contributed to their eventual problem drug use. For Lorraine rebelling against her dad was a conscious decision. In her case she did something (take heroin) for a purpose (to rebel against her dad), after she experienced being shamed by her dad and she emphasizes it was a conscious decision. In phenomenological terms this is called Husserlian cognitive intention, that is when someone has experienced something and eventually does something for a purpose (Manen, 2017).

In line with the study of Gilbert & Andrews (1998) participants have experienced familial shaming through emotional, verbal abuse and neglect, experiences which they eventually interpret as pushing them into drug use. Moreover, participants perceived neglect and lack of love, and we see how Nirvana, Isabel and Sharon reflect on their shame-prone identities.

Literature shows us how shame correlates positively with self-criticism and negatively with self-esteem (Harman & Lee, 2010; Berger, 2005). Thus these women have endured childhood trauma, and as a consequence have developed the perception that they have no value at all. These feelings of inadequacy and shame interfere with their emotional development, and this is in line with the findings of Barahmand et al. (2016) and Goldsteing & Stewart (2012), in which drugs become a false illusion of purpose.

Form LaLa Land to the Land of Confusion – the addictive career

This super-ordinate theme describes women`s experience travelling through the addictive career, from onset, through the escalation and maintenance of drug use, up to desistance, or the lack of it. Each participant describes how after feeling *lost in space* during their childhood and adolescence, they experience an exceptional stage of *hubris*, a honeymoon stage in *LaLa Land* once they discover their drug of choice. After feeling powerless in their childhood and adolescence they finally feel powerful. They perceive themselves as temporarily achieving some form of agency and control thanks to the effect of the drug which makes them feel like *wonder women*. But this drug induced honeymoon in *LaLa Land* is transiently lived and eventually leads them to the *Land of Confusion*, in which they experience a fall from grace to face their *nemesis* in the *Sisyphus* stage. This latter stage within the addictive career is characterized by chaos, shame, pain, and perceived lack of control. They experience powerlessness once again (just like in their childhood) and feel like *a dirty girl*. They feel that their womanhood is tainted and feel shamed by the community.

From hubris…

According to Greek tragedy and literature, *hubris* literally means excessive pride, power and arrogance. As we have seen in the first super-theme, participants have experienced such overwhelmingly negative emotions, that when they discovered something (drugs) that can control those emotions, then they felt powerful. This experience of hubris makes them feel like*wonder women*, in stark contrast to the previous state of helplessness. This is similar to the findings of Kennett et al. (2013) and de Wit & Phillips (2012).

Wonder Woman

"Perhaps all pleasure is only relief."

- William S. Burroughs

Participants have experienced subjective feelings of drug-induced pleasure, euphoria and well-being. This hubris stage gives them the perception of being in an omnipotent state, an experience which is constantly and repeatedly searched for through their drug of choice. Literature shows that the predictability of this ecstatic experience when using drugs is a strong motivating factor to seek the same experience over and over again (de Wit & Phillips, 2012; Fischman & Foltin, 1991). Sharon says that she felt proud and good about herself during the honeymoon period of her drug use, and that shame was something that came later when drug use became a problem. Nirvana, Sharon and Isabel describe how their identity and femininity are positively lived during this stage, thus boosting their confidence and making them feel like *wonder women*. Common to other literature (Smith, 2015; Kennett et al., 2013), participants were more inclined to relate to the pleasurable aspect that the drug has given them in terms of both experience and identity. They felt proud of looking good, of gaining the attention of men, and obtaining drugs. These experiences, immersed within a Dionysian lifestyle made them feel

powerful and in control. Participants have taken a perceived agentic role rather than a victimizing one with regards to these experiences.

As specified by Becker`s (1963) career approach, their identity is constructed by experiences of early drug use and the meaning-making they attribute to these experiences. At this stage these women have no perception or experience of drugs being a problem. They have subjectively constructed the `cool` role or persona (sub-theme of wonder woman), because they have perceived their experiences as fulfilling, experiences which invariably imbue them with strength and confidence. In accordance with other literature (Scicluna & Clark, 2019; Hien, 2009; Nelson-Zlupko et al., 1995) it allows them to evade or overcome shame and/or emotional trauma, and puts at their disposal this new role. In an attempt to make sense of their experiences of inadequacy and perhaps to overcome them and feel some form of control they used drugs.

Literature highlights how people use drugs to regulate their emotional life (Barahmand et al., 2016; Goldstein & Stewart, 2012). The Khantzian self-medication hypothesis (1985) aspect of onset was clearly described by Audrey when she explained how using drugs helped to get through all the abuse and victimization.

Kaufman (1996) views human beings as gradually developing an ability to control their actions and as a product of this development, only then, do they discover their self, and not the other way around. With the hope of escaping the chaos of events, participants have found in drugs some form of relief and a temporary and illusory control over their emotions, which they thought and hoped would guarantee a stable identity in the flow of time. Drugs might have giventhem a temporary sensation or illusion that they were in control. Barbara, *at the time a young teenage girl* (emphasis added), describes how the attention of elder men favored her drug use.

Literature highlights how onset for women often happens in the context of a male who provides

drugs, often an intimate partner (Scicluna & Clark, 2019; Griffin et al., 1989). The victim role molded through their childhood interpersonal relationships is re-enacted in their submissive stance with male elder peers, even if they feel they are using this role to their advantage. Feminist analyses point to the existence of gender social stereotypes in which women are care*givers* and men are *providers* (Mader, 2016). Within this context men provide drugs, women give their bodies. Men may feel entitled to go with a teenage girl buying her service with drugs, or money. Radical feminists view this as male domination through sexual objectification and exploitation (Mader, 2016; Burr, 2015; Miller & Lorber, 1995). In line with a plethora of literature this can lead to *telescoping* (Scicluna & Clark, 2019; Greenfield et al., 2010; Becker &Hu, 2008; Johnson et al., 2005; Haas & Peters, 2000), in which their gender facilitated the faster development of their addiction as they had a ready supply of drugs, consequently leading to theirincreased vulnerability as 'addicted women'.

While it may appear that they benefited from this *wonder woman* stage, a deeper examination would probably label this as abuse and violence against women. Feminism views women as being socialized in a gendered world, trying to negotiate the power differential (Mader, 2016; Miller & Lorber, 1995). An in-depth search to what lies behind their perceived agency shows continued abuse; only this time they have the illusion of being in control. Lukes' (2005) radical perspective on power, states that individuals may not be aware of their own real interests when power is exerted over them. In accordance with Hien`s (2009) findings, Audrey and Sharonended up with a compulsion to repeat and relive similar traumatic situations with the illusion of controlling the game every time. Yet participants have shown a degree of perceived agency. We see how participants passed through stages of victimization and powerlessness to a stage in which their first encounters with drugs have given them the perception of power and agency.

Power is everywhere and is fluid: "…power is diffused rather than concentrated, embodied and enacted rather than possessed, discursive rather than purely coercive, and constitutes agents rather than being deployed by them" (Gaventa, 2003: pg.1).

Illusory as it might be, the meaning they make out of it pushes them into seeking the same experience, which they believe shapes their new felt identity. There are women who freelychoose to engage in drug use, but there are others whose choices are limited and constrained by various contingencies. Literature and this study indicate that these contingencies might be an abusive past and current abusive relationships, a victim identity and low self-esteem (Scicluna &Clark, 2019; Clark, 2015; El-Bassel et al., 2005).

…to Nemesis

Just like the wings of wax of Icarus, the more they fly 'high' within their addictive career, the worse is their downfall. Their perceived agency as wonder women in the hubris stage has in fact defeated them in the long term. Drug use was perhaps an attempt to gain agency in a world darkened by abuse and pain. It may seem to have given them some illusion of control but, in the case of these women, was ultimately self-defeating (Hien, 2009; Cohen & Hien, 2006). Drug use starts escalating up to what I call the *Sisyphus* stage in which they cannot control their using, spiraling them into the `land of confusion`. They ended up in a well of shame, always trying to climb back into the moonlight of their hubris and perceived god-like state, but remained lingering in the underworld of drug dependency, prostitution, stigma and victimization, to feel '*a dirty girl'*.

Sisyphus

In Greek mythology Sisyphus pushed the boulder up the mountain an infinite amount of times only to see it rolling back down over and over again. This analogy represents participants` relentless and insatiable `hunger` towards their drug of choice. In light of the findings and other literature (Scicluna & Clark, 2019; Clark, 2011; Greenfield et al., 2010; Johnson et al., 2005) access to drugs facilitated *telescoping*, the accelerated progression of addiction for women, so that the period between onset and commitment is rather short.

Till this point in their narrative no participant had perceived drug use as an issue. Audrey`s first realization that drugs had become a problem is exceptional as when she had to choose between two desirable pleasures, between playing the trumpet and using drugs. She chose the latter: *"almost like against my will"*. Thus during the maintenance phase of an addictive career, participants go through what I call the *Sisyphus* stage, because their insatiable appetite makes them repeat the same actions ad infinitum: *"The subjective experience of having an inclination so strong that self-control is severely diminished is a reality for people who experience strong and troublesome appetites"* (Orford, 2001: 263). In accordance with Heather & Negal (2017) this study shows that akrasia (perceived weakness of will to either control or stop) and the shame of perceived lack of control (Flanagan, 2013), are permanent aspects for maintenance of participants` addiction. The disease concept focuses mostly on the neurological dysfunction of the addicted behaviour, without taking into consideration various other realms (Snoek & Matthews, 2017), and has implications for the agency of addicted people to desist.

I propose that Sisyphus` incessant boulder rolling down the mountain is represented by two kinds of shame present in my findings, personal and social. Firstly, *personal shame* because of perceived lack of control and of not reaching one`s own goals (Flanagan, 2013). The amount

of pain, shame and chaos experienced during this stage has filtered through their words to inspire me with the super theme *land of confusion*, in which *ambivalence* is predominant and central to all narratives with regards to their perception of drug control. When akrasia is present in their narrative, we find ambivalent and often contradictory thoughts and meanings (Heather &Negal, 2017). For example Lorraine says she could not stop using drugs, and one moment later she says that she did not want to stop. Dorothy has no intention to let go of her drug of choice and says that she manages to minimize its intake, and thus she does not see it as a problem. This does show an amount of control, but then she talks about the new synthetic drug she is taking and notwithstanding its consequences she cannot stop or control it. Their experience can be conceived in Heideggerian terms in the sense that when the activity of drug use is suddenly perceived as a problem, there is a feeling of shame that borders on the self-conscious (Large, 2008; Flanagan, 2013).

Secondly, findings show *social (community) shame*, as in the pain and shame of not adhering to communitarian norms with regards to femininity (Mader, 2016; Gilbert, 1998): the shame of not fulfilling one`s role of motherhood; the shame of having to engage in certain practices which degrade their being as women, such as prostitution (Sanders, 2014). If cultural and regulatory codes of femininity are already affected by sexist and trivializing overtones, then there is only room for indifference when it comes to female mothers with HRDU, who might also engage in sex work to obtain the drugs. Women`s value is inherently tied to motherhood. Inthe collective imagination it is these 'kind of' women, more than others, who deserve what theyhave. Ettore (2015) contends that pregnant addicts are seen as careless mothers, regarded as 'lethal fetal containers' (p.796). In accordance with Clark`s (2010) study, community shaming has impacted these female survivors and their felt stigma found fertile ground in gossip and

community shaming, especially in a small country like Malta. This has a huge impact on their identity, thus endorsing upon them the image of the chaotic and `dirty` addict. Their very being is felt as `dirty`, not only on an aesthetic level but especially on an ethical level because they are women. This inspired me with the next subtheme of `a dirty girl`.

A dirty girl

Addiction is their nemesis. The fall from grace happens when all dignity is lost, when HRDU and health become an issue, when most norms governing femininity have been broken, and when the community shames them up to a point in which some become even shameless, as isthe case with Dorothy and Barbara in accordance with Clark's (2007) study. The subtheme of a dirty girl, emerged through a process of labeling and social stigma which arise through the interaction between them and the community. Their whole being as a woman feels tainted and `dirty`. This sense of 'dirtiness' goes beyond the aesthetic. Feeling `dirty` involves a moral dimension for not adhering to what a woman should do within the community and of being bad mothers as with Lorraine, Dorothy and Barbara (Sanders, 2014; Baker & Carson, 1999). Due to Malta`s small size community shaming is facilitated by gossip (Clark, 2012).

At this point within the addictive career, their female addict identity passed through a process of labeling and *objectification:* treating women as objects (Rasiński, 2011; Nussbaum, 1995; Berger & Luckmann, 1967).When asked how it was or is to be a woman with problem drug use, almost all participants found it hard to access their own perceptions or feelings. Their immediate reaction was on how the community perceives them rather than on how they feel and think of themselves. Each time a group, an institution, or any individual had pointed out her deviant condition, the new addict identity strengthened and solidified itself (Sanders, 2014), and became that of the 'unadjusted girl' (Thomas, 1923).

The identity of these women has thus been showered with a new prescriptive value, which has stigmatized them into making a stable role out of their *dirty girl*. Isabel feels *dirty*! Thus, community shaming not only labels them as inferior and *dirty*, they themselves eventually feel *dirty* and inferior. This is best seen when Lorraine explains how she thinks the community perceived her, as a junkie, as sick, and as a prostitute. She passes from her social self to her self-concept as though she herself is a community in miniature, and judges herself as a junkie, emphasizing that she felt as one! This is in line with Mead`s notion of the `generalised other` (Mead, 1934). In turn they have internalized the new acquired deviant condition as the most relevant aspect of their identity "by which the objectivated social world is retrojected into consciousness in the course of socialization" (Berger &Luckmann, 1967; pg.61). The reaction of the community to women with HRDU helped to transform these episodic events into disapproval and social isolation, impacting on the escalation and maintenance of an addictive career, as seen in the literature (Scicluna & Clark, 2019; Clark, 2011).

Participants talk about how they have either contemplated prostitution or have engaged in prostitution to get money for drugs. Notwithstanding the denigratory practices they have or had to endure to obtain their drugs, they still have taken an agentic role, rather than a victimized one.It seems that it is taken for granted that criminal behaviour including prostitution is part of being a woman with HRDU. Their perceived agency might be an effort to have some control over their past or present behaviour. Sharon didn`t feel prostituting herself affected her at the time. Only later on, when she desisted, did she feel *dirty* and ashamed. Even though she expresses agency, it shows how the amount of abuse and victimization were present at the time, victimizing experiences that might have constrained her choices (Matza & Blomberg, 2017). These recurring experiences of violence (of objectification) must have had a huge impact on their identity,

annihilating their dignity and personality (Bindel, 2017; Jeffreys, 2010). Audrey loved the attention of boys when she started using drugs, but with time and after experiencing further victimization she started to believe that she was this `object` that people could use and treat as they wish. She experienced her sexualized being as interchangeable, distorting her sense of self (Nussbaum, 1995). She felt used and treated as an object again, and now that she has been clean for over a year she is realizing that she still has to shed off her maladaptive relational aspect which she might have adopted since a child (Hazan & Shaver, 1994; Bowlby, 1979).

Central to interactionism is the agentic role of the subject, as actively developing and negotiating meanings that lead to the construction of a deviant identity. Women involved in HRDU and prostitution are amongst the most victimized groups in society (Bindel, 2017). Even though Barbara knows that in Malta there is quite a stigma attached to prostitution, she still doesn`t care and she believes it does not affect her. One moment she says it is something easy to do, the next moment she is saying she will not do it again, and then she is ironic about it. She hascontrasting reflections on prostitution but she justifies prostitution saying it meets her needs, getsher the money to obtain the drug and take care of her kids. Although Sharon does seem to reflect upon various negative aspects of prostitution, its benefits and habit outweigh any agentic effort todo otherwise. We see this is very much similar to the same *ambivalence* present with drug use. To allow strangers to penetrate one`s own body, female addicts must suppress certain emotions and learn to disassociate (Bindel, 2017).

Reflection

Victimisation is present before and during the addictive career. Nonetheless interviewees have shown various degrees of intention and agency in their interpretation of their drug lifestyle. I attribute this to mainly two factors; I am a male researcher and an ex user myself (most came to

know the latter prior to the interview). I believe they were more inclined to give an impression that they were in control, even during those experiences which were victimizing and awful. This change in narrative has been highlighted by various studies. One of these studies highlights how the narratives change according to the researcher (Davies & Baker, 1987). When the researcher was a professional the participants, problem drug users, had exaggerated their lack of control over drugs, whereas when the researcher was an addict like themselves they have expressed much more control in their using. According to the theory of multiple selves (Mead, 1934) individuals must manage the plurality of their roles. This also shows how the meaning-making ofpeople changes with time and in different contexts, making it more difficult to reveal the phenomenon (Large, 2008).

The Road less travelled – the experience of desistance

> *"Desperation is the raw material of drastic change. Only those who can leave behind everything they have ever believed in can hope to escape*." - William S. Burroughs

The last super-ordinate theme talks about *the road less travelled*, highlighting the hardships women face when desisting from drug dependency. Defining desistance, as we have seen in Chapter 2, is not an easy task, and since it is difficult to know the precise moment at which drug abuse ceases permanently, scholars prefer to conceptualise and to study desistance as a process (Farrall & Calverley, 2006; Bottoms et al., 2004; Laub and Sampson, 2003). For empirical purposes true desistance is distinguished from a temporary hiatus in drug taking. For this study desistance is not just the termination of HRDU, but a number of years (at least one year for this study) free from the drug/s of choice. Creating a new identity is crucial for the `birth of Venus` and maintaining a drug free life.

Defrosting

Maruna and Farrall (2004) draw an important distinction between primary and secondary desistance. Primary desistance relates merely to stopping the behaviour, a process which could take various relapses as witnessed by most participants. At this point within the addictive career, the identities of all participants have gone through a process of stigmatization and degradation, in which "from a whole and usual person", they felt vilified into a *dirty* and "tainted, discounted one" (Goffman, 1963: p.11). Their identity has been attributed with a degraded status, but they can still try to neutralize or mitigate its impact (Goffman, 1963; Garfinkel, 1956). Certainly, there are various contingencies that might direct a woman in one direction more than another.

After various trials of desistance Dorothy experienced bitterness at the way others perceived and acted towards her. This is what Braithwaite (1989) calls disintegrative community shaming, and the moral disapproval is especially felt because they are women and mothers (Sanders, 2014; Greenfield et al., 2007). Only pregnancy is seen as different by some of the participants (Wiechelt, 2007). The mother role became so predominant as to make them stop using for a brief period before giving birth, only to continue drug use once the baby was born. The addict master status takes over the mother role. Guilt and shame about her mother role emerged only with Lorraine (clean from drugs for 3 years) as she blamed herself for all the chaos she created and which she believes might have impacted on her son. The other two mothers, Dorothy (without her daughter) and Barbara (with her kids), still using drugs, have distanced themselves from the public sphere and from a community which is shaming and ostracizing, to enter into an isolated personal sphere, made up of drugs, prostitution, shame, and continued victimization; compromised family and social functioning, aid in adhering to an addictive career,

avoiding any possibility of even contemplating desistance (Scicluna & Clark, 2019; Greenfield et al., 2007).

Those who managed to desist have gone through a series of traumatic experiences during desistance, but have succeeded in progressing towards maintaining a drug free lifestyle. Ambiguity and uncertainty mark their initial experiences of desistance (Larkin & Griffiths, 2002). Ambivalence, the awareness of two opposite aspects, both with high emotional importance, is a characteristic of the contemplation stage (Prochaska et al., 1992). On one hand participants are aware that the problem is serious, and that a change is needed, but on the other hand they are not yet ready, they are afraid or terrified by the prospect of letting go. Participants in contemplation continue to oscillate between the two poles but according to Klingemann (2001), they can either control their using or stop their drug use, by shifting their beliefs. In accordance with Prochaska et al.'s (1992) "stages of change model", awareness together with readiness and openness to change can lead to desistance and bring about transformation in their life.

Women that desist from HRDU have different issues than men`s (Allen, 1994). Nirvana explains how she stopped having her menstrual cycle while using drugs and that this impacted her moods in early recovery. When an addict stops using they are and feel as old (emotionally) aswhen they started and this is clearly stated by Audrey, Sharon and Nirvana (Sanders, 2014). They practically had to learn and/or relearn how to cope with life and their own emotions, or lack of them. I believe that the best way of describing the experience of primary desistance is through the analogy that Audrey uses; a *defrosting* process. She says how immediate medical issues and withdrawals were hard to surpass and that since she started using at a young age, she froze herself. She stopped maturing, she stopped feeling, she just froze, and the moment she stopped using drugs she started defrosting.

While in rehab Sharon found that sense of family and community she craved for, a family atmosphere of love and unity that was overwhelming for her (Dingle, 2018; Dingle, Cruwys, & Frings, 2015). This is in line with the social identity model of recovery (Best et al., 2015) which shows how the sense of belonging with healthier groups aids in changing one`s own identity. Participants described that with time the urge to use drugs had lessened and they became more accepting and forgiving towards themselves (Sanders, 2014). Their flaws and their past haunt them while desisting but with time they learned to integrate and embrace their inadequacies and highlight their strengths. With time they gained the ability to feel, and to become aware of their emotions without either being scared or escaping them. Thus, we can conceive desistance as a process through which women with HRDU, evolve within a social context (Sanders, 2014; Larkin & Griffiths, 2002). This context involved moving away from addiction and conforming tohealthy social norms.

The birth of Venus

Audrey is almost one year clean and she emphasizes that harder still, is getting rid of her addict persona. In fact, as indicated by the literature, secondary desistance implies a complete shift in identity, that of shedding off the addict role (Larkin & Griffiths, 2002). A shift in social identity and a sense of belonging to the community are key to maintaining desistance (Dingle et al., 2015). This shift in identity and self-concept, experienced by Sharon and Nirvana, matters in maintaining a long-term change in behaviour to nurture the new acquired identity. Nirvana makes it clear that it was not stopping drugs, but a radical change in behaviour that was needed. Literature highlights how ‘spoiled identities’ need to be shed if change is to be maintained, as

emphasized clearly by Nirvana`s experience (Sanders, 2014; Robinson & McNeill, 2008; Larkin, & Griffiths, 2002).

Certain communities use a re-integrative shaming script, in which shame could become a social binder, and the woman with drug difficulties is eventually welcomed back within the community (Braithwaite, 1989). Re-integrative ceremonies like the ones held by Caritas, a rehabilitation center in Malta, have aided Sharon in reintegration (Dingle, 2018). Audrey and Nirvana felt a sense of belonging within the community of Narcotics Anonymous. Jolene Sanders (2009) describes how this social connectedness empowers women into maintaining a drug free lifestyle and that a "twelve step recovery [is] a friend to feminism" (p.115). The community becomes a cocoon, just like the shell in the painting of Botticelli's *The birth of Venus*, through which participants shed their addict role and are reborn purified from that disorder, thereby creating a positive new self-identity based on an 'inspirational self' (Dingle et al., 2015).

Conclusion

This chapter discussed the emerging themes from the data, in line with the literature. Recommendations for further research and limitations of the study will be outlined in the following chapter. The implications for prevention, community practices and treatment in drug rehabilitation centers will be further discussed, emphasizing on the importance of exposing shame in order to deal with the underlying issues involving both gender and addiction.

Chapter 6 – Conclusion

Introduction

A summary of the main findings will be presented in this final chapter. Its limitations will be discussed and in light of this, recommendations for further research will be presented. Implications concerning policy reforms and community action during social reintegration of female substance abusers will be presented. The chapter will conclude with a final reflection.

Summary of the main findings

The findings show how participants highlighted their state of inadequacy during childhood and adolescence, emphasizing early victimisation and consequential emotional trauma. They attribute their onset and eventual escalation of drug use to their experiences of a traumatic childhood. Some participants were susceptible to feelings of emptiness, inadequacy and lack of self-worth during their childhood and adolescence, all sensations that fall under the umbrella of shame. Early memories of shameful and painful incidents impact their identity, a victim identity, and as result they experience a lack of self-worth. They interpret everything through this victim lens, and thus view themselves as being inadequate. They feel helpless and unable to experience the full range of emotions, and are vulnerable to relive similar victimizing experiences. In line with literature, trauma-related symptoms increase the probability of HRDU (Scicluna & Clark, 2019; Briere & Jordan, 2004; Kilpatrick et al., 1998).

Onset to their addictive careers was quite often, accidental. Participants have highlighted pleasurable experiences of initial drug use; however, the motives that pushed them into drug use

are not just reducible to the benefits of a particular pleasurable experience. Almost all participants, besides the pleasurable aspect of the feeling that the drug gave them, point to the relief from the painful feelings resulting from sexual abuse, to feelings of helplessness, shame and neglect (Mate`, 2008). Most women have experienced violence, felt traumatized, and attempted to medicate the felt negative effects through substance use. According to the Khantzian model (1985), addiction is not only positively but also negatively reinforcing. Thus, drug use in this sample may be understood as a form of self-medication. This is how they seem to make sense of both their addiction and their experiences of abuse, and continued drug use putsthem in a situation of increased risk for continued victimization.

The study then explored the experience of the addictive career, of how participants' drug use escalated, and how they maintained it. Participants describe how they felt proud, powerful and `cool` during initial drug use. The drug experience compensated for their low self-esteem and feelings of angst and pain. Proud of their new acquired identity participants perceive positive experiences and a sensation of agency. Later on, subjective feelings of lack of control kindle shameful emotions. They felt ashamed of having lost control of drugs and of their lives, of having acted against their better judgment, of not having been able to achieve anything in their lives. Weakness was prominent for Sharon: *"and that sense of being a failure, and failing in almost everything I do".* This experience of failure conjures powerlessness and further dependence, as shame is triggered by the feeling of weakness (Wurmser, 1987).

Furthermore, together with this personal shame, community shaming was highlighted along the process, unveiling a shameful addict identity, that of *a dirty girl*, what Goffman (1963) calls 'a spoiled identity'. Personal shame and public stigma are not distinct and separate.
According to phenomenology`s concept of intentionality, being and environment are interrelated.

Maladaptive ways to obtain the money for drugs were identified, highlighting prostitution as their main means of obtaining money, or drugs. In accordance with Clark (2012), the experience of stigmatized shaming in contexts like Malta, through close-knit community gossip, could act asa barrier to reintegration. There is a point when contingencies within the career can be considered as social exclusion, especially when, besides being seen and labeled as ‘junkies’ and ‘prostitutes’, women with HRDU have also broken norms regarding femininity, especially when these women are also mothers. This further shames them. The dichotomous internal conflict between agency and structure is a continuous recurring struggle within their experiences, especially at this point in their addictive career.

Stopping drug use becomes an unthinkable outcome for some who do not even consider it. During the addictive career, degradation ceremonies have continuously conferred loss of status and shame to a woman with drug dependency (Gennep et al., 2010; Shover & Thomson, 1992), especially in a close-knit community as Malta in which gossip further shames women with HRDU. Participants who managed to desist emphasize how important it is to get rid of theaddict role and identity (Larkin & Griffiths, 2002). Getting rid of their addict identity proves to be the hardest part during desistance. In fact a complete shift in social identity needs to be madein order to maintain a drug-free lifestyle. Desisting from drugs, shedding off the addict identity and maintaining the new lifestyle does not occur in a vacuum. Re-integrative ceremonies welcome these women back within the community. These ceremonies were experienced by participants within either the Narcotics Anonymous meetings or the Caritas aftercare. Thus, change happens within the community, and the sense of belonging to the community is key to maintaining desistance (Dingle, 2018).

Recommendations for Policy

According to UNODC (2019), women's barriers to intervention and social reintegration can be classified into structural, systemic, socio-cultural and personal. This research highlights the need to evaluate and implement gender specific policy interventions on all levels, taking into account each specific characteristic of the user, from the very first contact with treatment services, and later on in the choice of treatment and outcome assessment. "Gender-oriented" policies target the specific needs of women with HRDU through programs and services dedicated to their treatment and care (UNODC, 2019). This approach identifies and promotes methods and strategies to overcome structural barriers:

1. The development of guidelines and organizational standards, paying particular attention to conditions of pregnancy and maternity of women with HRDU (UNODC, 2019). The lack of attention and service structures that serve a mother with HRDU, with all the ensuing problems of child rearing during treatment or in after-care.
2. Despite all research with regards to gender addiction, most drug policies are still centered on men (UNWOMEN, 2016).
3. Existing treatment programmes make it difficult for women to access services and in others they are still mixed with men.
4. There is a need guarantee some form of safety for all those who suffer physical and sexual violence (UNODC, 2019).
5. There is a lack of harm reduction programmes for those who are unable, at an early stage, to achieve abstinence.
6. There is lack of coordination between different social and health services.

In terms of citizenship, the goal should be perpetuated by drawing up policies based on an effective and real involvement for these women, to be able to recognize, accept and empowertheir new way of being citizens and benefit from community participation (Collins 2009).

Therefore, implementing a community development strategy which empowers the growth of women`s social participation, and aid these women to renegotiate their role within the community from a position of greater strength, and thus enriching their quality of life. It is recommended that policies and community services focus on retracing the stigmatizing effects ofwomen with HRDU, through re-integrative ceremonies, investing them with new attributes of dignity and honour (Braithwaite, 1989), just like the ceremonies adopted by the therapeutic community of Caritas.

Recommendations for Intervention

Women with HRDU face different challenges in relation to intervention. As such, intervention within community practices, drug issues are likely to be given immediate urgency, whilst gender issues are being given less importance (Scicluna & Clark, 2019; Clark, 2011).

Female victimisation crosses all social systems, including family and work. Reintegration of women with drug difficulties involves a complex process, in which gender victimisation could act as a barrier to reclaiming a social role within the community, from which they have become estranged. Overcoming shame is an important aspect for leading a drug free life. Research suggests some useful points of intervention for the treatment of shame, particularly for drug issues, suggesting, in some cases, to strengthen the sense of propensity to guilt, but decreasing the sense of shame (Cohen, 2000; Hoglund & Nicholas, 1995; Leith & Baumeister, 1998; Tangney et al., 1996). Pride represents the opposite emotion to shame. As in shame, pride is born

through social comparisons, but, this time, within competitive terms (Goss & Allan, 2009), as a sense of responsibility towards others and strongly oriented towards social success, approval and admiration from others.

Systemic barriers are those which prevent women's needs from being effectively met. There is the need of a systemic change in social organisation, on how health services and other key institutions (housing, employment, etc.) involved in social reintegration are gender-responsive (UNODC, 2019; Olivari D'Emanuele et al., 2015). These include:

1. There is a lack of women in positions of power within governing structures at all corporate levels, able to bring the issue of women into political agendas and introduce significant systemic changes;

2. There is a lack of awareness that gender differences can either determine or influence health and addictive trajectories, and eventual social reintegration. Health services, in fact, only partially improve population's health, which is also affected by biological, social, economic and personal lifestyle factors. Knowledge of these factors, and how gender affects them, can help community practices work more effectively;

3. Structural services need a holistic approach to integrate the specific needs of women, who, as we have seen in this study, show more complex problems than men, arising from trauma or psychological and psychiatric problems, have greater family responsibilities and limited resources at a professional and economic level;

4. There is the need of a network of community services which focuses on gender differences and needs;

5. There is a lack of in-depth knowledge of the specific needs of women with HRDU, especially in relation to the specific socio-cultural and political Maltese context.

Violence against women with a drug problem does not ring any social alarm bells and therefore is often ignored by the general public, but interest in the subject is gaining momentum within the criminological paradigm (Cook, 2015; Farley, 2004). This must be further embraced by local community practices with the need to adopt policy strategies of prevention and intervention focused on female youth within the communities. Some of the best proven community action is that which focuses on helping victimized women who want to free themselves from dependencies, and especially from the vortex of misogyny and objectification (Matthews et al., 2014; Nussbaum, 1995). On the 8th of March 2019, Women`s Day, EMCDDA published a new awareness campaign entitled: "Why gender matters in drug addiction". These kinds of awareness campaigns should be adopted by local community practices.

Finally, socio-cultural barriers these women face are implicit social expectations and norms on behaviour deemed inappropriate in both sexes, but which are more rigid towards women with HRDU than men; These expectations give rise to greater stigma and a sense of shame and guilt in women, together with the fear of losing custody of their children, the lack of family support and their partner, the lack of confidence in the effectiveness of treatments and disadvantaged social circumstances.

Limitations of the study

A main limitation that might have impacted on the findings is the fact that the women were in different phases of their addictive career. Some were drug free, others were still using. This could also be advantageous as the study show how during different phases women perceiveand interpret themselves and their experiences differently. Additional limitations were identified. Participants found it hard to express certain aspects of the phenomenon under exploration due to

its sensitive nature. The way my past with HRDU affects me on a personal level might have influenced the manner in which I approached my interviewees. In the first two interviews I sat on the other side of the desk, as if to make a clear distinction from my old self mirrored through my participants. In other interviews there were times I got overwhelmed by the intensity of their suffering, triggering painful memories which I could relate to. I reflected on the process of the interviews, and in accordance with IPA`s bridling in trying not to veer interviewees, I have let their story develop spontaneously. This was also accounted for by seeking my mentor's and other colleagues' interpretation of the findings, thus enriching the hermeneutical circle (Smith et al., 2009).

Recommendations for further research

This study has revealed how important it is to address female shame and victimization within health and social services, therapeutic contexts, and criminal justice services. Exploring and understanding their *lived experience* adds value to what we already know about gender and addiction, providing further insight into implications for community practice. This study will hopefully aid researchers into understanding the complexities of women with HRDU, in order to apply more effective methodologies in studying their lived experiences; aspects such as gender, shame, and `spoiled identities` should be further researched. Women in this study were in different phases of their addictive career. New research could focus on having a more heterogeneous sample: participants will be living a particular phase of the addictive career.

This study has revealed how important it is to address female shame and experiences within health and social services, therapeutic contexts, and criminal justice services. In conclusion this study highlights the complexity of the experience of women with HRDU and the

importance to introduce further gender based policy strategies of health and drug-related issues. It highlights the need to implement scientific inquiry at a national level in order to be able to concretely re-direct socio-health policies and services that are more appropriate to the emergence of the phenomenon of female HRDU within the local context.

Final note

This research will hopefully aid into understanding the complexities that surround women with HRDU, by applying gender-based policies and service strategies. The aim is that ofdealing with the unrevealed issues, rather than simply focusing on the erratic behaviour, and to give victimized women with HRDU the skills to be able to face that underground discourse that characterizes our social reality and undermines their own wellbeing and that of all the community (Wahab, 2002). Rendering a good service means acquiring the ability to provide quick and appropriate responses to the needs of women survivors, and facilitating any bureaucratic process of seeking help. This encourages the increasing numbers of women with high-risk drug use in Malta to seek help. They need help with overcoming feelings of shame andguilt associated with traumatic experiences and community shaming, and especially to overcomethe fear of being labeled as junkies, prostitutes, criminals or mentally ill (Campbell, 2005; Epstein, 1996; Frazier & Haney, 1996). Therefore, society and its institutions must play a social role in being able to do justice to female survivors, taking an active role in helping them in the difficult transition to a new world free of victimisation and substance abuse. Engaging in high- risk drug use is incompatible with hegemonic femininity, structurally based on the roles of mother and family caregiver. Ekman (2014) highlights the drawback of defining the word *victim*based on a neoliberal perspective attributing to it properties of an agentic atomized subjectivity,

further accentuating gender inequalities within a patriarchal society with the result of extremely disturbing implications (Craig et al., 2011). Communities and institutions must take into consideration various factors which impact women with high-risk drug use, especially that underground discourse which victimizes women (Gamble & Weil, 2010; Jeffreys, 2010; Ledwith, 2005). We should instead encourage, cultivate, and enact a gender-based caring community through interagency collaboration (Higgs & Trede, 2016).

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Appendices

Appendix A– Letters of Approval

Letter of Ethical Approval

Research Ethics Proposal - Accepted by FREC, no UREC decision needed

SWB FREC<research-ethics.fsw@um.edu.mt> 14 Jan 2019, 14:22

to me, Marilyn, Andrew

Unique ID Number: 469:29.12.2018

Dear Mr David Gregor De Bono,

Following **FREC**'s meeting held on 11th January 2019 your ethics proposal with regards to your research entitled *The lived experience of women with high-risk drug use in Malta* was **accepted**.

FRECs are now authorised to review and approve research ethics applications on behalf of the University, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC**. Hence, you may now **start your research**.

Regards,

Stuart Bugeja

Faculty Research Ethics Committee (FREC)
Faculty for Social Wellbeing
Room 113
Humanities A Building (Laws & Theology)
University of Malta
Msida MSD 2080

Tel: (+356) 2340 3958

Letter of Approval FSWS

Foundation for Social Welfare Services
212, Cannon Road,
Santa Venera SVR 9034

12th November 2018

74, Triq Wignacourt
Birkirkara

Ref no: 543/1

To whom it may concern

David Gregor De Bono's request to conduct research within the services of the Foundation for Social Welfare Services has been reviewed. The research aims to explore 'The Lived Experience of Women with High-Risk Drug Use in Malta.'

After reviewing this request, the Research Office has given approval for the researcher to conduct interviews.

Although the Research Office has approved the research, the service providers and participants still retain the right to refuse any research request.

Regards,

Ronald Balzan

Ronald Balzan
Research Executive

INCORPORATING:

Agenzija APPOGG	Tel: 2295 9000 Fax: 21 225354 URL: www.appogg.gov.mt
Agenzija SEDQA	Tel: 23885110 Fax: 21 441029 URL: www.sedqa.gov.mt
Agenzija LEAP	URL: https://fsws.gov.mt/en/leap/Pages/default.aspx

Section to be completed by FSWS Research Review Panel ONLY

We have examined the above proposal and advise

Approval **Conditional Acceptance** **Refusal**

For the following reason/s if any:
Approval is being given for the applicant to conduct an interview with 4 -6 female adults aged 18 or over who have engaged in high-risk drug use. The participants would have had a problem with either heroin, cocaine or alcohol abuse.

Approval is being given subject to the following conditions:

1. All contact with prospective participants can be done solely through the intervention of a Sedqa entrusted person who will facilitate contact (please refer to section below for details);
2. Interviewed participants will have to be stable and in a position to sustain the interview without any foreseen risks of harm to the participant;
3. It will have to be clear and verbally expressed repeated throughout the interview (not just at signing of consent), that the client may opt out of replying to any question, no matter how crucial it is for the interview schedule, or opt out of the entire interview altogether at any time they deem fit.

Ronald Balzan

Signature Date: 12th November 2018

Note: If conditionally accepted, the recommended changes must be confirmed with the Research Office before the research can proceed.

Section to be completed by the Research Office for Conditionally Accepted Research ONLY.

The recommended changes stipulated by the Conditional Acceptance have not been implemented and these changes have not been confirmed by the Research Office. As a result of these changes the research is now **Refused**. . ☐

The recommended changes stipulated by the Conditional Acceptance have been implemented and these changes have been confirmed by the Research Office. As a result of these changes the research is now **Approved**. . ☐

Signature Date

If Accepted/Conditionally Accepted to whom the study will be directed:	
The Unit/s: Sedqa Substance Misuse Outpatients Unit	
The person/s referred Dr. Anna Maria Vella, Senior Medical Officer	Contact details Mobile Number: 79048444

Foundation for Social Welfare Services
212, Cannon Road, Santa Venera SVR 9034
Tel: 22588000; Fax: 22588939

Letter of Approval Narcotics Anonymous Malta (NA)

NA Malta Calendar of Events

to me

Dear Mr. De bono,

We are delighted to receive your request for your research study, and we would like to accept your invitation to participate in the study.

Kindly let me know on how you wish to proceed.

I can contact the female members myself and pass on the information/participation letters.

We look forward to hearing from you and wish you all the best in your studies

Kind regards

Madeleine B.

Acting Regional Chairperson for Narcotics Anonymous

Letter of Approval Oasi

OASI Foundation
PREVENTION, INTERVENTION, TREATMENT & REHABILITATION SERVICES

31st October, 2018

Dear Mr. De Bono,

I acknowledge the receipt of your request dated 23rd October 2018. On behalf of the OASI Foundation, I am pleased to inform you that your request has been approved.

Please provide us with a signed recruitment letter which we can forward to our clients so that those who wish to take part in your research can contact you directly.

Please note that, as a condition for its assistance in this matter, the OASI Foundation requests a copy of the final dissertation for its Research Library. We believe that the knowledge contained in dissertations such as yours is of great importance in drafting policy, educating the public, and for research purposes, including for future students such as yourself. Thus, we feel that it is very important that we have such resources at hand.

Kind regards,

Deborah Grech

OASI Centre - 5, Wied Sara Street, Victoria, Gozo VCT2963 - Malta
VO Reg. Nr: VO/0072 • Tel: 2156 3333 • Email: info@oasi.org.mt • Website: www.oasi.org.mt

Letter of Approval Caritas

Patrick Harvey

to me, Marilyn

Dear David,

I have checked with the heads of units that work with female clients, and I can confirm to you that we can provide you with a sample for your research. When you have the 'go ahead' to carry out the interviews, you can contact me to make the necessary arrangements.

Regards,
Patrick.

Patrick Harvey

Human Resources Manager

5, Lion Street, Floriana FRN 1514, Malta

Tel: (+356) 25906600 - Fax: (+356) 21246374

Email: patrick.harvey@caritasmalta.org
www.caritasmalta.org / Caritas Malta

Appendix B – Information Letters

Information Letter - English Version

Dear Madam,

My name is David De Bono and I am a psychology graduate. I will be carrying out a research study as part of my university course, Master of Arts in Community Action & Development. I would like to invite you to participate in this study by giving me some of your time in a one-to-one interview, during which you will tell me about your experience about drug addiction. This research will explore what it is like to be a woman who engages in high-risk drug use in Maltese communities. It will explore the process from when you started to use drugs to when you became drug dependent. It will explore what it is like for you to be a member of your community and manage a drug use disorder. It will also explore your experience of treatment and community reintegration efforts. The interview will be audio recorded and the recording will be destroyed once the study is finished.

You are free to choose whether to take part or not. If you do choose to take part, you may also change your mind at any point without giving a reason. In this case, any information that you shared with me will be destroyed.

I will make sure to protect your identity by hiding your real name and changing any information which might be particular to your situation so that anyone reading the study will not know that you have taken part in it. My tutor for this study, Prof Marilyn Clark, will be the only other person apart from me, to have access to this information. Following the interview, we will have some time to speak about how you felt during the interview and we will discuss whether you want or need further support.

Thank you for taking the time to read this and for considering my invitation. In case you have any questions, difficulties or are willing to participate, you can call me on 99817600 or send me an email on ddeb0025@um.edu.mt. Your decision to participate, or otherwise, will not impact on the treatment that you are receiving. Please note that the mobile number that I have provided is not my personal contact number and will only be used for the purposes of the study. It will be destroyed once the study is over.

Kind regards,

Mr. David De Bono

Information Letter - Maltese Version

Għażiża,

Jiena, David De Bono, iggradwat fil-Psikoloġija u attwalment qiegħed fil-kors tal-Master of Arts fil-'Community Action & Development' fl-Università ta' Malta. Bħala parti mill-kors, se nkun qiegħed nagħmel riċerka u interessat nsir naf dwar esperjenzi ta' nisa li abbużaw mid-droga.

Qiegħed nikteb din l-ittra biex nitlob l-għajnuna tiegħek biex tieħu parti f'dan l-istudju, billi tattendi għal intervista fejn tgħidli dwar l-esperjenzi tiegħek dwar l-abbuż tad-droga.

L-għan ta din ir-riċerka hija li tesplora l-esperjenza tiegħek bħala mara bi problema ta` abbuż tad-droga f`komunita` Maltija, il-proċess ta` minn meta bdejt tuża d-droga sakemm saret problema. Ir-riċerka ser tesplora xi tfisser għalik li tkun membru ta` komunita` u fl-istess ħin għandek problema ta` droga. Tesplora ukoll l-esperjenza ta` l-irkupru u l-integrazzjoni fi ħdan il-komunita`. Għandek l-għażla tiħux parti f'din l-intervista jew le. Jekk tiddeċiedi li tieħu parti, inti għandek kull dritt tieqaf mill-parteċipazzjoni tiegħek fi kwalunkwe stadju tal-intervista, jekk ma tkunx qed tħossok komda, mingħajr il-bżonn li tagħti raġuni. F'dan il-każ, l-informazzjoni li tkun inġabret fuqek tiġi mħassra immedjatament.

Naċċertak li l-isem vera tiegħek, kif ukoll ċertu informazzjoni partikolari għas-sitwazzjoni tiegħek, nibdilhom jew ma jintużawx, biex min jaqrah ma jindunax li inti ħadt sehem fl-intervista. Il-Professoressa Marilyn Clark biss, li qed tgħinni f'dan l-istudju, se jkollha aċċess għal din l-informazzjoni. Wara l-intervista, jkollna ftit ħin biex nitkellmu dwar kif ħassejtek waqt l-intervista u naraw jekk tixtieqx iktar sapport, jekk tħoss il-bżonn.

Nirringrazzjak tal-ħin li ħadt biextaqra din l-ittra. Jekk taqbel ma' dan, u inti interessata li tieħu parti f'din ir-riċerka, jew jekk għandek xi mistoqsijiet, tista' ċċempilli fuq 99817600 jew tibatli email fuq ddeb0025@um.edu.mt. Nixtieq nagħmilha ċara, li n-numru tal- mowbajl se jintuża għall-iskopijiet ta' dan l-istudju biss. Jiġi distrutt/ikkanċellat darba li jispiċċa dan l-istudju.

Tislijiet,

Mr. David De Bono

Appendix C– Consent Forms

Consent Form - English Version

Title of dissertation: The lived experience of women with high-risk drug use in Malta.

Purpose of the study: To explore women's experience of high-risk drug use.

Methods of data collection: 1 hour audio recorded interview

Use made of the information: For dissertation purposes only

Guarantees: I will abide by the following conditions:

(i) Your real name will not be used in the study and any identifying/particular information will not be used, or will be changed so that you will not be recognisable. Therefore, I will be maintaining full confidentiality. I will require you to sign a standard consent form in line with data protection regulations. The Data Protection Act grants you the right to access, rectify, and where applicable erase the data concerning you. You can contact my supervisor Prof. Marilyn Clark on marilyn.clark@um.edu.mt to request any written information about your personal data and to request further information about the research.

(ii) You are free to change your mind and not take part in the study at any point and you do not need to give a reason. If this is the case all data collected will be destroyed.

(iii) You will not be deceived in any way during the interview.

(iv) We will have some time to speak about how you feel after the interview and if you need, you can have a follow-up session or a referral. This follow-up session will be held with a private practitioner for free, within a therapeutic space, whereby you will be able to process any thoughts or feelings that might have arose during or following the interview. The follow-up session will focus solely on the interview process. However, if during the session, the practitioner becomes aware of the need for you to receive further long-term support, she will discuss this with you and provide you with information regarding services that would be beneficial for you. This follow-up session with will not form part of the research, and the content of what is disclosed will not be part of the data being collected for research purposes. This session will not be audio-recorded.

(v) The audio recording will be destroyed once the research has been completed.
(vi) Your decision to participate or otherwise will not impact on the interventions you are receiving.
(vii) This research will hopefully give you, and others, more insight about yourself. You will become freer to articulate what you already know.

I agree to the conditions:

Participant's Name:_____ Participant`s Signature: _____

I agree to the conditions:

Researcher's Name:_____ Researcher's Signature: _____

Researcher`s contact no: 99817600

Supervisor's Name:_____ Supervisor's Signature: _____

Date: _____

Consent Form - Maltese Version

Titolu ta' l-Istudju: *The lived experience of women with high-risk drug use in Malta.*

Dikjarazzjoni tal-iskop ta' l-istudju: Esplorazzjoni ta' esperjenzi ta' nisa li abbużaw mid-droga.

Metodi ta' ġbir tad-data: Intervisti awdjo-rekordjati ta' siegħa.

Użu li sar bl-informazzjoni: Għall-finijiet tal-istudju biss.

Garanziji: Jien, bħala riċerkatur, se nirrispetta l-kundizzjonijiet li ġejjin:

(i) L-isem veru tiegħek, kif ukoll ċerta informazzjoni li tkun partikolari għall-każ tiegħek, jinbidlu jew ma jintużawx fl-istudju biex l-identità tiegħek tkun protetta.Għaldaqstant, jien se nżomm kunfidenzjalità assoluta. Se jkolli bżonn il-firma tiegħek biex ittini l-kunsens tiegħek skont ir-regoli dwar il-protezzjoni tad-data. Dawn ir-regoli jtuk drittijiet biex taċċessa, tbiddel, u fejn hemm bżonn tħassar id-data li tikkonċernak.

(ii) Inti għandek l-għażla assoluta li tieqaf mill-parteċipazzjoni tiegħek fl-istudju fi kwalunkwe punt u għal kwalunkwe raġuni. F'dan il-każ, kull informazzjoni li tkun laħqet inġabret, tiġi meqruda.

(iii) Mhu se jkun hemm l-ebda qerq fil-proċess tal-ġbir tad-data.

(iv) Wara l-intervista, inti tkun offruta sessjoni ta' de-briefing fejn nitkellmu ftit dwar kif tkun qiegħda tħossok, u jekk tħoss il-bżonn, ikollok riferta ghal-sessjoni ohra. Din is-sessjoni isseħħ ma` `private practitioner` u tkun b`xejn, fi spazju terapewtiku, fejn tkun tista' tipproċessa l-ħsibijiet u l-ħsus li qanqluk waqt l-intervista. Din is-sessjoni tiffoka biss fuq il-proċess tal-intervista. Iżda jekk waqt is-sessjoni l-counsellor j/tinduna li inti teħtieġ iktar sapport, j/tiddiskutija miegħek u j/tinfurmak b`servizzi adattati għalik. Din is-sessjoni mhux ser tkun parti mir-riċerka, u l-kontenut ta' dak li jintqal mhux sa jifforma parti mid-data tar-riċerka. Din is-sessjoni mhux se tigi awdjo-rekordjata.

(v) L-intervista awdjo-rekordjata ser tiġi meqruda hekk kif ir-riċerka tintemm.

(vi) Id-deċiżjoni tijak li tipparteċipa jew le mhux ser tkun ta impatt fuq l-irkupru li qeda tirċievi.

(vii) Din ir-riċerka tittama li tagħti lilek, u lill-ohrajn, izjed tagħrif fuqek innifsek. Tkun iżjed libera li tartikola dak li diġà taf.

Jiena naqbel ma' dawn il-kundizzjonijiet imsemmija hawn fuq:

Isem il-Parteċipant _____ Firma tal-Parteċipant _____

Jiena naqbel ma' dawn il-kundizzjonijiet imsemmija hawn fuq:

Isem ir-Riċerkatur _____ Firma tar-Riċerkatur _____

Numru tar-Riċerkatur 99817600

Isem it-Tutur _____ Firma tat-Tutur _____

Data _____

Appendix D – Interview Guides

Interview Guide - English Version

First of all, I would like to thank you for participating in this research by agreeing to have this interview. The topics we will be speaking about include your past experiences with substance abuse. I am aware that these are sensitive topics, therefore please feel free to stop me at any point during the interview if you feel uncomfortable or overwhelmed. I would like to remind you that throughout the study, I will retain confidentiality by not disclosing your name or any identifying information so that you will not be recognisable. We can start the interview when you are ready.

1. Can you think back to the first time you used drugs and tell me about that experience? (When, how, what drugs)
2. What was this experience like for you? What did you think and feel then? How would you describe the person you were then?
3. Can you tell me about how your substance abuse escalated since the first time you used?
4. What were the factors / events / people that contributed towards the escalation? What was it like for you to start using drugs more often and in greater amounts?
5. Can you talk to me about what it is like to be a woman, in Malta, with an addiction? What was this like for you? What were the major challenges faced?
6. How did you negotiate those challenges? What were the outcomes of the strategies you used to deal with your addiction?
7. Can you think of any significant events in relation to your substance use and tell me about them? What were your thoughts and feelings at the time? How did this event affect you and how did you respond to it?
8. How do you think the community perceived you? How did it make you feel?
9. What is your experience of abstaining from using drugs?
10. How are your thoughts, feelings and behaviours different when you are clean? How does the community view you now?
11. How, if at all, have your views, thoughts, feelings and behaviours changed?
12. Is there anything else you think I should know or you would like me to understand better?
13. Is there anything you would like to ask me?

I would like to thank you for your participation in this study.

Interview Guide - Maltese version

L-ewwel ħaġa, nixtieq nirringrazzjak talli aċċettajt li tipparteċipa f'din ir-riċerka. Kif taf, l-argumenti li se nkunu qed nitkellmu dwarhom, jinkludu l-esperjenza tiegħek dwar l-abbuż minn sustanzi. Nifhem li dawn huwa suġġett sensittiv, u allura għandek tħossok libera li twaqqafni fi kwalunkwe punt ta' l-intervista, jekk tkun qed tħossok skomda. Nixtieq infakkrek li tul l-istudju, jien se nżomm konfidenzjalita' billi ma nsemmix ismek jew kwalunkwe informazzjoni li tista' tidentifikak, biex inti ma tingħarafx. Nistaw nibdew l-intervista meta tkun lesta.

1. Tista' tiftakar l-ewwel darba li abbużajt mid-drogi u tgħidli dwar dik l-esperjenza? (Meta, kif, x'tip ta' drogi)
2. Kif kienet din l-esperjenza għalik? Xi ħsibijiet kellek u x'hassejt? Kif tiddeskrivi lilek innifsek bħala persuna dak iż-żmien?
3. Tista' tkellimni dwar kif żdied l-abbuż mill-ewwel darba li għamilt użu mid-drogi?
4. X'kienu il-fatturi/okkażjonijiet/nies li kkontribwixew għal din l-eskalazzjoni jew dipendenza? X'kienet tfisser għalik li tuża iktar ta' spiss u b'ammonti ikbar?
5. Kif kienet l-esperjenza li tkun mara bi problema ta' abbuż mid-drogi f'kuntest Malti? Kif ħassejtek u x'kienu jkunu il-ħsiebijiet tiegħek dak iż-żmien?
6. Tista' tgħidli kif irrejaġixxejt u kampajt f'dawn is-sitwazzjonijiet?
7. Kif ittekiljajt dawn is-sitwazzjonijiet? X`kienu r-riżultati ta' kif ittekiljajt l-addiction?
8. Tista' tiftakar f'xi ġrajjiet jew mumenti sinifikanti relatati ma' l-użu ta' sustanzi? Tista' tgħidli dwarhom? X'kienu il-ħsiebijiet tiegħek, u x'ħassejt dak il-ħin? Kif effettwatek din il-ġrajja u kif irrejaġixxejt għaliha?
9. Kif taħseb li l-komunita` kienet tħares lejk? X`kont tħoss?
10. Kif ħassejtek waqt l-esperjenza biex tastjeni milli tabbuża mid-droga?
11. Ħsiebijietek, dak li tħoss u kif taġixxi, ikunu differenti meta tkun 'clean'? Kif?
12. Kif inbidlu, jekk inbidlu, il-fehmiet, il-ħsiebijiet, kif tħossok u l-imġieba tiegħek illum? Kif taħseb li l-komunita` tħares lejk illum?
13. Hemm xi ħaġ'oħra li taħseb li jien għandi nkun naf jew li tixtieq li nifhem aħjar?
14. Hemm xi ħaġa li tixtieq tistaqsini?

Nixtieq nirringrazzjak talli ppartecipajt f'dan l-istudju.

Appendix E – Debriefing Guides

Debriefing Guide - English Version

The participants will be informed of the purpose of debriefing by clarifying any queries they might have, and identifying their feelings after the interview in order to provide further support, or refer if necessary. It will be emphasised that the content of this debriefing will not be used for research purposes but simply to check their wellbeing.

1. How was the overall experience of the interview?
2. How did you feel while you were recalling past experiences?
3. Did any moments affect you more than others?
4. Can you identify any positive or negative emotions that you are feeling?
5. Are you currently experiencing any distress?
6. Do you have any questions about the interview that you would like to ask me?
7. Would you like further professional support (1 or 2 sessions with a private practitioner)?

Debriefing Guide - Maltese Version

Nibda dan id-*debrief* billi ninforma lill-parteċipanti dwar l-għan tiegħu. Ser jiġu ċċarati kull tip ta' mistoqsijiet li jkollhom, biex jiġi identifikat kif ikunu qed iħossuhom wara l-intervista, u biexb'hekk ikun jista' jiġi pprovdut aktar sapport jew riferta, jekk neċessarju.

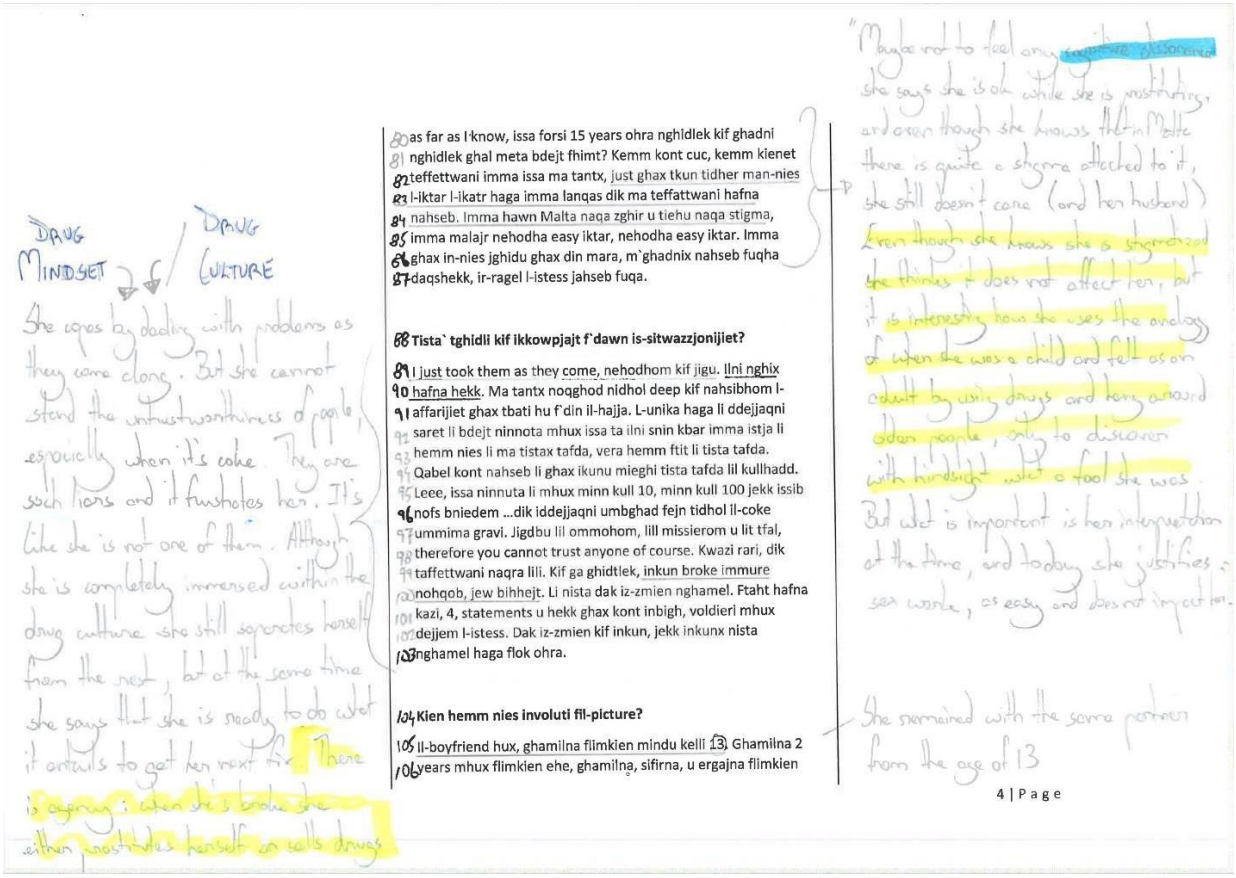
Ngħamila ċara li minn hawn 'l quddiem, il-kontenut ta' din il-laqgħa mhux se jintuża għal raġunijiet tar-riċerka, imma semplicement biex jiġi ċċekkjat il-benesseri tagħhom.

1. Tista' tgħidli kif esperjenzajt din l-intervista?
2. Kif ħassejtek meta' kont qed tiftakar l-esperjenzi li għaddejt minnhom?
3. Kien hemm xi mumenti li affettwawk aktar minn oħrajn?
4. Tista' tidentifika xi emozzjonijiet, tajbin jew ħżiena, li qiegħda tħoss?
5. Qiegħda tħoss xi forma ta' diffikulta' bħalissa?
6. Għandek xi mistoqsija dwar ir-riċerka jew l-intervista?
7. Tixtieq aktar sapport professjonali (1 jew 2 *sessions* ma' psikoterapista *trainee*)?

Appendix F - Super-ordinate and sub-ordinate themes

SUPER-ORDINATE THEMES	SUB-ORDINATE THEMES
4.4 Lost in space – childhood/adolescent trauma	**4.4.1 A traumatic child** "*they all just ganged up and had a bit of fun with me"* - Early victimization experiences **4.4.2 An inadequate girl** *"I felt so lost in life"* – experiences of powerlessness, pain and shame **4.4.3A rebel with (or without) a cause** *"I did it to rebel against my father"* - using drugs as a form of rebellion
4.5 From **LaLa Land** to **the Land of Confusion** – the experience of the addictive career	**4.5.1 From hubris…(pride)** From *"I was proud…"* of using drugs… **4.5.1.1 Wonder Woman** - Experiences of power and control **4.5.2 …to nemesis (fall from grace)** …to…*"on a woman it looks very ugly, dirty!"* **4.5.2.1 The Sisyphus stage (the shame of addiction)** *"I was using almost like against my will"* - The experience of losing control **4.5.2.2 A dirty girl** *"I felt dirty"* - Experiences of powerlessness, pain and shame
4.6 The Road less Travelled – the experience of Desistance	**4.6.1 Defrosting** *"I am now like defrosting"* - Primary desistance, the experience of stopping drugs **4.6.2 The birth of Venus** *"Oh! I was feeling again"* - The ability to experience emotions - Reintegration within the community

Appendix G - Sample of transcript analysis



as far as I know, issa forsi 15 years ohra nghidlek kif ghadni nghidlek ghal meta bdejt fhimt? Kemm kont cuc, kemm kienet teffettwani imma issa ma tantx, just ghax tkun tidher man-nies l-iktar l-ikatr haga imma lanqas dik ma teffattwani hafna nahseb. Imma hawn Malta naqa zghir u tiehu naqa stigma, imma malajr nehodha easy iktar, nehodha easy iktar. Imma ghax in-nies jghidu ghax din mara, m`ghadnix nahseb fuqha daqshekk, ir-ragel l-istess jahseb fuqa.

Tista` tghidli kif ikkowpjajt f`dawn is-sitwazzjonijiet?

I just took them as they come, nehodhom kif jigu. Ilni nghix hafna hekk. Ma tantx noqghod nidhol deep kif nahsibhom l-affarijiet ghax tbati hu f`din il-hajja. L-unika haga li ddejjaqni saret li bdejt ninnota mhux issa ta ilni snin kbar imma istja li hemm nies li ma tistax tafda, vera hemm ftit li tista tafda. Qabel kont nahseb li ghax ikunu mieghi tista tafda lil kullhadd. Leee, issa ninnuta li mhux minn kull 10, minn kull 100 jekk issib nofs bniedem ...dik iddejjaqni umbghad fejn tidhol il-coke ummima gravi. Jigdbu lil ommohom, lill missierom u lit tfal, therefore you cannot trust anyone of course. Kwazi rari, dik taffettwani naqra lili. Kif ga ghidtlek, inkun broke immure nohqob, jew bihhejt. Li nista dak iz-zmien nghamel. Ftaht hafna kazi, 4, statements u hekk ghax kont inbigh, voldieri mhux dejjem l-istess. Dak iz-zmien kif inkun, jekk inkunx nista nghamel haga flok ohra.

Kien hemm nies involuti fil-picture?

Il-boyfriend hux, ghamilna filmkien mindu kelli 13, Ghamilna 2 years mhux flimkien ehe, ghamilna, sifirna, u ergajna flimkien

DRUG MINDSET / DRUG CULTURE

She copes by dealing with problems as they come along. But she cannot stand the untrustworthiness of people, especially when it's coke. They are such liars and it frustrates her. It's like she is not one of them. Although she is completely immersed within the drug culture she still separates herself from the rest, but at the same time she says that she is ready to do what it entails to get her next fix. There is agency: when she is broke she either prostitutes herself or sells drugs

"Maybe not to feel any [illegible] she says she is ok while she is instructing, and even though she knows that in Malta there is quite a stigma attached to it, she still doesn't come (and her husband) Even though she knows she is stigmatized she thinks it does not affect her, but it is interesting how she uses the analogy of when she was a child and felt as an adult by using drugs and being amazed when people, only to discover with hindsight what a fool she was. But what is important is her interpretation at the time, and today she justifies sex work, as easy and does not impact her.

She remained with the same partner from the age of 13

Appendix H – Interview transcript

Can you tell me about your experience of when you started using drugs?

Yeah, ok, it`s a difficult one because my parents are alcoholics and I was born with fetal alcohol syndrome whatever it is, so I was born with that. My mother drank a lot, she was drinking a lot when she was pregnant, and then I don`t know, it`s like I found some pictures of me when I was a kid, as in I was a toddler, and I had a bottle of beer in my hand. So that was I think my parents never bothered cause they drank all the time. With drink the first time I remember, like there was my cousin who was babysitting me, and she was making me like shandy but she made them too strong or I had too many, or something like that, and I remember balancing up and down on the sofa going uuuhhh you know and I think I was 5 or 6 yeeahhh, and with the first time with illegal drugs I was 7, and I was with mum and dad, and when I was 7 I found out that my dad was in fact my step dad and that my real dad was in fact someone else, which is a bit of a mind fuck. So I stopped living with my mum because she wouldn`t talk about it, she wouldn`t tell my step dad that he wasn`t my dad, so I started living with my real dad, so my mum told my step dad that I was living with my grandma. A complicated situation, and he used to deal, so then I remember I was like 7 or 8, and we used to play the piano together, and smoke weed, and getting really high.

I have good memories of that I remember at the time it was lovely, it was really nice. So that was that and I don`t remember when I started using acid and stuff like that. Emm I think it wasn`t that long after I started with my drug of choice which is heroin. I used from when I was 10, it was everywhere, my dad used to deal and used to show me how to like prepare it, and help me to do it for his friends, but he never let me use it, and when I was 10 I had this traumatic event and I was I said fuck it I`m going to do it, so I was with a girl who used to come round a lot, she was using already, she was a bit older than me, so she did it for me. And I remember like, it was the best feeling in the world, it`s like everything

went away. It`s just like being wrapped in a warm blanket, you know, and everything was just fine, it`s like a warm hug, the first time, yeah!

What was this experience like for you and how would you describe the person you were back then?

Ok, the experience of using was like emm really good, as in it felt like I found my solution to all these issues because I couldn`t, it felt like I couldn`t trust anyone, like I couldn`t to anyone, it was like everyone was lying to me, or laughing behind my back, saying this is your dad, but it`s not, and this is this, and all this shit. And then when I was 10, before I used heroin for the first time I was living with my dad and he had some friends around, some pretty serious sexual abuse was going on at the time but I couldn`t talk to anyone, I couldn`t tell anyone, I didn`t what was really happening, it felt like this was the solution, this is how I could get by, the way to make it go away, to feel good. Until a few months ago I always thought I was pretty, not responsible, but self-sufficient, like an adult you know, like I could take care of myself, because I always had, the clique I was with everyone was using, but I came to realize that I was literally just like a scared little kid, you know? At the end of the day, but that was a recent realization.

Is it ok to dig deeper into what triggered….?

You can and if it`s not ok I just say no if that`s allright with you (ok sure). Basically my dad had his best friend and they used to do it together, they used heroin, and staff. And my dad was like this, I don`t know I mean I really looked up to him a lot, as in he was the only person that hadn`t lied to me about, like all this thing who was my dad situation, and he was always honest, he was always really fun, obviously he was fun because we had weed together, you know? So I really wanted to kind of like impress

him or like build a relationship, but he was always really hard to get, hard to connect with, because of his using I think. You know, he was, I always idealized him. He wanted to, yeah, and his friend then, don`t know what was going on with him, but he had, it started when I was younger but I hadn`t really realized what was going on. I didn`t know what was happening, they used to do staff, and make me do staff that was inappropriate, and he used to tell me that it was like a part of growing up, and that is what was supposed to happen and that like my dad asked him to do this to grow upon this shit.

And, so I obviously did what he said because I, you need to get along with Dad, and when I was 10, it was the first time, and this happened for years, it was the first time, my dad went away, and this guy his friend had a group pf his friends all men, and they all just came in, like I cooked up the heroin for them, I start with my job hehe and then they all got high, and got high, and then I don`t know, they all just ganged and had a bit of fun with me, I really didn`t understand what that was about but yeah. That kind of happened and it was a bit, but before when it was just my dad`s friend it was all very he cannot put his penis in and say this is sexual abuse he said no this is ok this is what guys do, but then when it happened again it started feeling wrong like it was really violent and really fuckin` horrible, I remember I cannot breathe like all this shit you know so that was kind of...the trigger!

Can you tell me how your substance abuse escalated?

Ihimm, well the first few times I used, it was weed and staff, it was like getting high with my dad and friends having a good time yeah, and the first time I used heroin was to escape, yeah, and anything from then on speaks for itself. I was living a bit of a shitty situation, like every time something happens, I need to escape from the situation I just used, then it got to a point where I needed to escape more and more and also

because with heroin you get sick, and you know I didn`t want to get sick, so that made everything even worse, and so it escalated because I am always trying to keep the balance so I don`t get sick and I`m always trying to escape and make sure that when that happened emm I was like numb so I think it escalated very quickly for me.

What was happening whilst your using escalated?

I didn`t go to school really. The police came around so I couldn`t, I had to go to school, but I didn`t want to go to school so I had to go to school but I used to sell weed and stuff for my dad at school, so I did that. And then I got a bit, I had friends who basically were the children of prostitutes and who didn`t have a birth certificate and then I had to go to school and I was really crossed off at that so I used to play out as I didn`t want to be there you know. I wanted to be at home with my dad so I did really weird shit at school. I set one of my teachers on fire once, haha, I burnt an airplane with a Bunsen burner and threw it at her hahaa. And she had a lot of hairspray and she went pfffff , and that set her all on fire, and I just laughed cause I thought that that was really funny, hahaha, and I used to just walk into a lesson and if I didn`t want to be there I`d just flip a table, you know, then they`d send me away and then they will be like it was pretty easy go and practice your trumpet you know.

And I knew if I went to a lesson and played weird they would tell me to go and play with my trumpet, and I liked that, so I`d just go to a lesson and just flip a table over and they would go and play the trumpet hahaha. I got caught selling drugs and shit like that. I got excluded from 6...5 schools, and then I got sent to a behavioural school with like bars on the fuckin window. And emmm I don`t think anyone knew that I was using as bad as I was. And so it was there and boys and me and a pregnant girl, hahaha. Yeah I was in this behavioural unit. And I used to go, it was ok, it wasn`t a school like, they used to make us walks and activities. They

would try to teach us, as we would do the basic English and Maths, and for example people coming to talk to us about prison, and I used to like it was fun, because I was just with a load of guys, and it was me and a pregnant girl. Obviously I was the only one available so they all like followed me around, and I loved it, hahaha so I just go there and piss about. So with regards to school it wasn`t really about learning I just funked about hehe.

What were the factors, events, people that contributed towards the escalation?

I mean you know obviously, I don`t think it`s my dad, I don`t think he knew I was actually using. He thought I was dealing and stuff, but eventually he realized I was actually using and said what are you doing, so I don` think it was him, but his friend and that whole situation might have contributed to it, and then I think like, I don`t know my friends even, I know there were girls that this thing was happening to them too, so that was their only escape, so kind of them, not that they meant to, you know we said let`s get through this by using. Emmm so that was that, and even you know my friends at school or whatever, I was like always the cool one because I was doing this and doing that, and this helped, and I loved feeling cool, and there was that as well. I mean at first it was fun, it was nice, I felt better.The more I used, the better it felt at the start. Emm I was able to have this persona, like it was really fun and I was this and that and it was fun. But then it was after like I think it was a good couple of years that it was fun it was good, maybe 2 or 3 years, then after that it became much less fun hehehe and I remember I had an argument with my dad and I couldn`t get any staff cause obviously he was the person that kind of gave me and I said oh fuck what`s this and that sucked. I remember at one point I decided that I was not `cause I was left playing the trumpet, I played in his band and I wanted to go to rehearsals so I

could I don't know play better I suppose, and I couldn`t, I couldn`t not use, and I remember the moment I realized that I was using, almost like against my will, you know, I didn`t want to, but I had to control, and in that moment I realized that from then on it was like a love/hate relationship you know, I think haha.

Can you talk to me about what it is like to be a woman (a girl) with problem drug use, both in England and in Malta?

Emm I mean obviously I was not in the majority so at first it was brilliant as in I loved the attention because I was trying to buy guys, it was really fun. And I enjoyed all this like being able to let go of inhibitions and hanging around boys and then, like as a kid I got to a realization as in everyone is using you and you lose all your self-respect because of what like happens and you kind of, like everyone seems to treat you as though you were an object rather than a person, when it comes to a point when everyone is using you to their own advantage you know. I remember you`re never safe, you never trust anyone so you say fuck it let them carry on with just fuckin whatever they want to do to you its fine, you lose all your kind of connection with it being ok to have boundaries you know it`s not ok you start believing I started believing that I was this object that people could do whatever they wanted.

And it was fine as long as I get high in it. And, that was in England, and I was a lot younger then. And in Malta I was 21, when I moved to Malta. Emmm and in Malta as I remember I didn`t know anyone here when I got here, as It wasn`t like I had friends, so when I started using it was always with men, there were no women. And it was just the same, it was the same thing, but you think it`s because of my attitude from the shit that happened in England, and you know it`s still the same shit like you`re never safe, you cannot trust anyone, and you know you don`t have any kind of say in anything. It`s almost like this thing it doesn`t really matter

you know. As long as I can get high it`s fine. So I think I don`t know if that is different though, if men have that....I really don`t know.

What were the major challenges you faced and how did you negotiate them?

Emm when I was 16 my dad died and that was really hard. Emm and that was the first time I tried to get clean. So I was, I never thought I could get out, I would work for him blablabla and I thought ok I will try to go clean now and I went cold turkey and I had a brain hemorrhage because of the withdrawal. My dad odeed and I found him while he was still alive so that was quite hard and, but to be honest I tried to get clean I got clean and the way to deal with that was just using, again. Emmm I did a degree while I was still using which was quite difficult. It was a degree in music so I was just kind of to play my trumpet, I played modules hehe which I could do while I was high which was just like that. And once my dad cut my money which I believe made me a workaholic to make sure I had enough money so I worked a lot like shifts, like I am a vegetarian, I work at Mc Donalds, like that was nice so, it fuckin sucks right. I was always a vegetarian so I had to cook these burgers eqqq haha, well anyway emmm I think every challenge I had in my life I dealt with using to be honest with you, and then emmm I kept trying to stop using, like I moved across England and carried on using. Then I moved to Malta to do a Master`s and continued using and then emmm yeah. I suppose that the only way that I faced a challenge was by not using was kind of when I came to NA which was in Malta.

I`ve never been in England, and then I kind of used NA, people in NA, and staff like that. It`s the only thing I have ever done to overcome a challenge that is not substance related to be honest. (Where is Mum in the picture?) Emm she is still alive. She lives in England but I never really lived with her. I always lived with my dad and when he died I went to a...,

it`s not a foster care when you are 16 it`s called a supportive lodging and it was like I had to pay rent for the house and I had a care few and all the shit, emm so I did that, then I lived in my car for a bit because I kept breaking my care few hehe. Emmm and then me and my mum started talking, we never spoke, we`d always argue because I always reminded her of my dad. I looked a lot like my dad. Emm and we started talking like when I was 20 because I was getting a degree, as in look I am trying, I am doing better. And we started talking, we started drinking a lot together, she drinks a lot. It was kind of nice, and we kind of had a weird alcohol-based relationship for a while and then when I started to get clean here emm she came to visit me and I told her look I am not drinking, I am doing NA, I am trying to get better blabla, and she was so angry because she wanted me to drink with her, and obviously I cannot really do that with her to stay clean. So emmm yeah we had a big argument and she said you are all like your dad. She hit me with a bottle actually emmm and since then I tried but I don`t think yeah I think she is still pissed off at me so that`s that.

Can you think of any significant events in relation to your substance use?

To be honest in my using I don`t really remember. Emmmm like when I was arguing with my dad which sometimes I had to go elsewhere to buy stuff. And then, there were a lot of weird things I did when I was high, like I used to start fights with people, and then we used to fight, I would just make them fight me. Emmm yeah I used to fight with people, argue with people a lot. I used to do weird things. Once a guy stabbed me with a knife. I can`t remember what he did. I did do something though, I did something. I have no idea what it was, and then he knived me and I jumped up. My dad told me what to do if someone comes at you with a knife. I jumped and he got the side of my leg hit. I didn`t go to hospital

because I was using so I didn`t want them to know I was using, I think, I had paranoia. So I called my dad and he stitched me up with fuckin fishing wire hehe and I do remember that because I was sitting there and I wasn`t feeling anything I was on heroin that`s fine. But I do remember sitting there and thinking this is not what normal people do like this fuckin really sucks like this is not normal, and I remember having a moment where I was like hmmm no emmm yeah I`ve got myself in all sorts of weird situations while I was using, but it`s all a bit of a blur you know I don`t remember really anything significant so it`s kind of a blurry shit, oh I remember the moments I remember are waking up to a bit of reality and saying this is not how life is supposed to be, this is not how life is in films. I wonder what`s going on here, and I remember thinking that but, that`s about it.

How do you think the community perceived you? How did that make you feel?

I remember at school at the behavioural unit I was just like I lost hope you know? I was like a bad egg, as soon as someone walked into a classroom they said oh here we go again. Emm I think part of me loved that, like I loved having this like powerful impressive image you know, but then another part of me wanted I don`t know like a different kind of attention, or help or something you know I think. Eventually I started to believe I was just bad and that was no other way out and that was really it. I was just a bad egg and there is no way out so I might just continue because there is no point. And I remember they, because I used to, I played the trumpet a lot, in like different youth ensembles. And I remember when I went there because I wasn`t a little shit because I liked that,I remember people were much more like, I don`t know I remember there were moments when tutors would go like oh that was really good and I would be like. I remember once they asked me to teach and I remember why I

was doing what I was doing. I was fuck like they are taking me serious as though I am a proper person hehe. I am a real person haha, and I remember that was like really good you know. But I like and there I really behaved there and I really like they`d give me music to practice, while I was using to practice it for the next rehearsal, because I really needed to start I don`t know they respected me something like that. I don`t know what it was. They kind of gave me a chance. So I was like everyone else I think and it was fair enough like I was a dick, everyone would say let`s entertain her till she is 16 and then we can get rid of her, but there they were really kind of, I don`t know, I think it gave me a little bit of hope. In the end the reason I decided to not leave school just for my dad, it`s because they told me to continue and do the A`Levels with them, and music, and there it was like a break you know. Well besides using it was like a break from real life, and then playing music was like a break from the using life. You know it`s like a little escape. I think it helped.

What is your experience of abstaining from using drugs? What barriers did you find?

Hahaha it fucking sucks hahaha!!!! Well of course in the beginning getting sick, the withdrawal is fuckin shit. And because I had the whole brain hemorrhage thing I was oh nooo you know I made up all these excuses like I don`t stop using I am going to die, because you know I`m not gaining a brain experience and something like that which is not the case haha and at first it sucked it was like emm, it was literally like a 10 year old girl again cause I didn`t know how to do anything while I wasn`t high, like I didn`t know how to live. It was like a shower, how could I shower? I still struggle to shower, like I think about it for an hour and I`d force myself you know? And I go to work, but it`s different because I teach and I perform in music and it`s really hard to do that without the persona that I could kind of emm, yes at first I was kind of lost. I was like emmm I

couldn`t do anything, I didn`t know how to live. And then I was too proud to ask for help you know hehe and after a month of not being able to manage I kind of found people that I could trust them as like, listen how do you that, you know? And then eventually, when I kind of swallowed my pride I kind of found it easier, but I mean I am early in recovery and I often feel like I don`t know how to live without being high. I mean anything, stuff has gotten easier, I mean easier not to use on a daily basis now cause I have the tools to not be able to do that, but I think because I used so much, from such a young age it`s like I froze myself, on the inside you know, and I am now like defrosting out from the freezer hahaha, so now I am having like a you know I just have to live from when I was a fuckin kid and how to deal with all that shit that I did, and you know I was involved through other people and I think, yeah I have PTSD apparently and I have flashbacks and stuff like that so that it`s better on these days, it`s better, living clean I think but there are some days that I still, I would just love to escape, so I think it`s you have to make up for the years you`ve spent fucking yourself up you know? So maybe I get by haha.

How are your thoughts different when you are clean? How does the community view you now?

I think I`m a lot, I mean I am still quite self-centered to be honest, but I am less self-centered and I am able to not to constantly being needing to work to feed my ego, to kind of do things for other people and then, just the relationships I had while I was using here, like with work and I have different stuff that I do, and the relationships I had while I was using are significantly better now, because I am able to connect and consider people, and stuff like that. Like I have a couple of friends with whom I work a lot and then I have, you know, I can see them like different, they stop telling you like they say it`s really nice spending time with you now. Brilliant thank you and she said like listen do you want to

come with me and have dinner with us and we can distress and spend the evening together. Wow they never asked me that before. And I said fuckin yay and I said yeah haha, so that`s nice you know. I think in the way the community sees me like a kid was different. While I was using in Malta I was very functioning because I knew how to work because I constantly needed money. And since I work in music it is very easy to work while you`re high so I think, I mean work knew but I was doing a decent job so I wasn`t like I was like I mean I was having a huge amount of responsibility so I was reliable but they didn`t see me as someone that was incapable I was, like I was in that job while I was using and they were fine with it. I didn`t feel they judged me, in fact I remember one person telling me like you know you do come across as a hard working person like you are not the stereotypical junkie and I said thank you excellent that`s lovely you know and so I think that wouldn`t change too much as I got clean if I can do my fuckin job while I`m clean and nobody cares it`s fine and I did get clean, and I got promoted to different jobs. People have asked me to settle projects with them. Like all of a sudden I could get all this stuff so as much as I thought I was doing fine and I was high functioning, as soon as I got clean people were like ah listen do you wanna do this and do you wanna manage this with me and like I got promoted to head of department in the school where I teach and I`m like oh ok obviously I am better now you know so hehe that`s really nice hehe.